2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p99000096880 1. Entity Name 09-06-2000 90090 034 ***150.00 THE CITY OF HOMESTEAD ACQUISITION, INC. Principal Place of Business Mailing Address 901 PONCE DE LEON BLVD.901 PONCE DE LEON BLVD SUITE 606 SUITE 606 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 A0075417 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0959966 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JAY DICK 901 PONCE DE LEON BLVD., SUITE 606 CORAL GABLES, FL 33134 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed of printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/99 Change TITLE Delete DIRE DICK, JAY NAME NAME STREET ADDRESS STREET ADDRESS 901 PONCE DE LEON BLVD., #606 CITY - ST - ZIP CITY - ST - ZIP CORAL GABLES, FL 33134 Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY - ST - ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 21 Changed, or on an attachment with an address, with all other like empowered.

Sep 06, 2000 8:00 am Secretary of State

954922-5861 **Σ**8 60 SIGNATURE: ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # STF FL32381F.1

901 Ponce de Leon Blvd., Suite 606 Coral Gables, FL 33134

August 28, 2000

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Re: EIN: 65-0959966

To Whom It May Concern:

Through this letter please be advised that we changed our mailing address to 901 Ponce de Leon Blvd., Suite 606, Coral Gables, FL 33134. Accordingly, we did not receive on a timely basis the Uniform Business Report. Please find a check for \$150.00 for the filing fee. We respectfully request that you abate the penalties for filing late.

Sincerely,

Jay Dick President