

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90007 028 ***150.00

DOCUMENT # P99000100101

1. Entity Name

HOMEWOOD REALTY CORP.

(R)

Principal Place of Business

4131 NE 24 AVE
LIGHTHOUSE POINT FL 33064

Mailing Address

~~4131 NE 24 AVE~~
~~LIGHTHOUSE POINT FL 33064~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SCHWIMMER, THEODORE A
17471 NW 42 STREET
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/00

954-946-6007

CR2E034 (5/00)

Attachment Doc#

P99000100101

081403

HOMWOOD REALTY CORP
P.O. BOX 50145
LIGHTHOUSE POINT, FL 33074
TEL 954-946-6001 FAX 954-784-0530

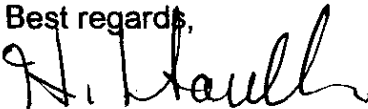
A0072594

AUGUST 11, 2000

Florida Department of State
Divisions of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

It has come to my attention that my UBR Report is overdue and the current fee to file is \$550.00. I am filing today enclosing a check for \$150.00 as a filing fee. I never received the first notification to file because my mailing address is incorrect on the form I have corrected the form to reflect my current mailing address of P.O. Box 50145, Lighthouse Point, FL. Would you please consider waiving the late filing fee of \$550.00?

Best regards,



H.L. Faulkner