

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105424

1. Entity Name

HOMESTAR REAL ESTATE GROUP, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90142 049 \*\*\*150.00

Principal Place of Business

7500 NW 25 ST., STE. 214  
NORTH MIAMI FL 33122

Mailing Address

7500 NW 25 ST., STE. 214  
NORTH MIAMI FL 33122

2. Principal Place of Business

7500 NW 25 ST

3. Mailing Address

7500 NW 25 ST

Suite, Apt. #, etc.

STE 220

Suite, Apt. #, etc.

STE 220

City & State

Miami FL

City & State

Miami FL

Zip

33122

Country

Dade

Zip

33122

Country

Dade

6. Name and Address of Current Registered Agent

GONZALEZ, FRANK

7500 NW 25 ST., STE. 214 220  
NORTH MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

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

City

FL

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

*Laurence J Linder*

04/19/01

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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-STATE-ZIP  
PSD  
GONZALEZ, FRANK  
7500 NW 25 ST., STE. 214 220  
NORTH MIAMI FL 33122 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
V  
LINDER, LAURENCE J  
7500 NW 25 ST., STE. 214 220  
NORTH MIAMI FL 33122 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
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NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ 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:

*Laurence J Linder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/19/01 305 908-5002

Daytime Phone #

CR2E034 (10/00)