

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58679

1. Entity Name

HOME ACCESS REALTY, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90153 012 ***150.00

Principal Place of Business

Mailing Address

2594 W. 84TH ST
HIALEAH FL 33016
US

2594 W. 84TH ST
HIALEAH FL 33016-5702
US

2. Principal Place of Business

same

3. Mailing Address

9710 NW 3 st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL

Zip

Country

Zip

Country

33024

USA

4. FEI Number

65-0268277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPANO, WILLIAM
176 RIVIERA CIRCLE
FT. LAUDERDALE FL 33326

Name

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

9710 NW 3 st.

City

Pembroke Pines

FL

Zip Code

33024

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVTS
CAMPANO, WILLIAM
9710 NW 3 ST
PEMBROOK PINES FL 33024 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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:

William Campano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William
Campano

Date

Daytime Phone #

1-24-00 (305)826-1118

CR2E034 (9/99)