

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90025 012 ****70.00

DOCUMENT # 718044

1. Entity Name
CONCEPT HOUSE INC.

Principal Place of Business 162 N E 49TH ST MIAMI FL 33137-3118	Mailing Address 162 N E 49TH ST MIAMI FL 33137-3118
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **23-7063810** 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

~~HARRIS, LUCIOUS T.~~
~~122 NE 122TH ST.~~
~~MIAMI FL 33161~~

Name **Gissen, Matthew**
 Street Address (P.O. Box Number is Not Acceptable)
3180 Biscayne Boulevard
 City **Miami** FL Zip Code **33137**

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 **Matthew Gissen** **April 27, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHIFFER, BRAD 3301 CORAL WAY, LEVEL U MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOZANO, ELENA CPA 14750 NW 77TH COURT, SUITE 200 HIALEAH FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, LUCIOUS T. 122 N.E. 122ND STREET MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, POLLY E. 235 RIDGEWOOD RD. CORAL GABLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PROCTOR, JERRY 2500 FIRST UNION CTR MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Matthew Gissen 3180 Biscayne Boulevard Miami, FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hernandez, Ron 30221 SW 158 Avenue Homestead, FL 33033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harris, Lucious T. 19221 W. St. Andrews Drive Miami, Florida 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jurney, Kent 11390 SW 94 Avenue Miami, Florida 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schwartz, Sheldon 15555 Biscayne Boulevard Miami, Florida 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harris, Orlando 1514 San Ignacio Miami, Florida 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Matthew Gissen** **April 27, 2001** **(305) 571-2628**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)