2002 UNIFORM BUSINESS REPORT (UBR)

EDUCUMENT # P01000117570 COURTYARD APARTMENTS CORP.							Secretary of State 02-20-2002 90169 023 ***150.00			
incipal Place 199 W 2 AVE 1ALEAH FL 3		s	Mailing Address 2899 W 2 AVE HIALEAH FL 33010							
Principal P	lace of Busin	iess	3. Mailing Address				- I SERVIDER IVE EDIGI KIRIN ACINI EDIKI DEKIL INDOL KIRIN KEBAN BIRIN IDEKI BERIL KEBI			
Suite, Apt.	Suite, Apt. #, etc.	ot. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	City & State	ate			4. FEI Number Applied For Not Applicable					
Zip	Zip Country		Zip Country		ntry			\$8.75 A	Additional	
	6. Name	and Address of Current F	Registered Agent				lame and Address of New Regi		ireu	
	**********				Name					
OSMAN, L. MICHAEL 1474-A W 84 ST					Street Add	dress (P.O. B	ess (P.O. Box Number is Not Acceptable)			
HIALEAH I							**************************************	· · · · · · · · · · · · · · · · · · ·		
** '					City			FL Zip C	ode	
The above	named entity	enhmite this statement for	the nurnose of changing it	e ragietari	ed office or r	enistered an	ent, or both, in the State of Florida			
1710 00070	riairioù driaig	y debiting the diatement for	· ·	o regioter	od omlog or r	ogistered ag	one, or both, in the otate of Florida	u.		
GNATURE _	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NC	TE: Registere	ed Agent signature	required when re	instating)	DATE		
This coroo	oration is eliqi	ble to satisfy its Intangible	FILE NOW	'!!! FEE	IS \$150.00)				
Tax filing re	equirement a	ible to satisfy its Intangible and elects to do so.	After May 1, 2	002 Fee		0.00	Election Campaign Financ Trust Fund Contribution.	· _ ••	.00 May Be led to Fees	
Tax filing re	-	and elects to do so.	After May 1, 2 Make Check Paya	002 Fee ble to De	will be \$55	0.00 of State	Trust Fund Contribution.	☐ Add	led to Fees	
Vax filing re (See criteri	requirement a ria on back)	and elects to do so.	After May 1, 2 Make Check Paya DIRECTORS	002 Fee	will be \$556 epartment of	0.00 of State		☐ Add	DRS IN 11	
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