2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000067900 DOCUMENT

ABC HOMES OF MIAMI, INC

May 02, 2003 8:00 am Secretary of State

05-02-2003 90146 010 ***150.00

Principal Place of Business 1602 ALTON ROAD PBN #379 MIAM! BEACH FL 33139 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			Mailing Address 1602 ALTON ROAD PBN #379 MIAMI BEACH FL 33139 3. Mailing Address Suite, Apt. #, etc. City & State Zip Cou			ntry	4	CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0938621 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional					
	6 Name	and Address of Current	Registers	nd Ament	<u> </u>			Name and Ac	Idrass of Nov		Fee Require	<u> </u>	
6. Name and Address of Current R				Name Name			<u>'</u>	7. Name and Address of New Registered Agent					
1602 ALTON ROAD						Street Ac	dress (P.O	Box Number is	Not Accepta	ble)			
PBN #379 MIAMI BEA		139								FL	Zip Code		
the obligati SIGNATURE	ions of regist	y submits this statement for ered agent.				ed office or			n the State of	Florida. I am	familiar with,	and accept	
Fi After	May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State					Trust I	on Campaign Fund Contribu	tion.	Added	May Be I to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.			ADDITIONS/CH	IANGES TO C	FFICERS AND	DIRECTORS	S IN 11	
NAME Street address		ORD ON ROAD PBN #379 OCH FL 33139		□ Delete □ Delete		HE EET ADDRESS '-ST-ZIP E					☐ Change	☐ Addition	
TREET ADDRESS		<u> </u>				EET ADDRESS '~ST-ZIP		_ _					
TITLE				□ Delete		ł					☐ Change	☐ Addition	
TITLE IAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•	1					☐ Change	Addition	
ITLE IAME STREET ADDRESS STY-SY-ZIP		•		☐ Delete		1					☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS STY-ST-ZIP			1	Delete		- 1			<u> </u>		☐ Change	☐ Addition	
 I hereby c indicated of the corr changed, 	ertify that the on this repor poration or th or on an atta	s information eupolied with t or supplemental report is ne receive or trustee empo chment with an address	this tring true and Apped to vital all oth	does not qualify for accurate and that n execute this report er like empowered.	r the exe ny signa as requi	mption state ture shall ha red by Chap	d in Sectio ve the sam ter 607, Flo	n 119.07(3)(i), F e legal effect as orida Statutes; a	lorida Statute if made unde ind that my na	s. I further cer er oath; that I a me appears i	tify that the in am an officer n Block 10 or	nformation or director Block 11 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305.572.0**6**62

Daytime Phone # -