

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90364 033 ***150.00

DOCUMENT # V33465

1. Entity Name
AMERICAS HOMES, INC.

Principal Place of Business 2462 PINE CHASE CIR ST CLOUD FL 34769 US	Mailing Address 2462 PINE CHASE CIR ST CLOUD FL 34769 US
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00000104



2. Principal Place of Business 3913 COUNTRYSIDE VIEW CT Suite, Apt. #, etc.	3. Mailing Address 3913 COUNTRYSIDE VIEW CT Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ST. CLOUD, FL	City & State ST. CLOUD, FL	4. FEI Number 65-0338953	Applied For <input type="checkbox"/> Not Applicable
Zip 34772	Country US	Zip 34772	Country US

6. Name and Address of Current Registered Agent DIAZ, ELENA 2462 PINE CHASE CIRCLE ST. CLOUD FL 34769	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3913 COUNTRYSIDE VIEW CT. City ST. CLOUD FL Zip Code 34772
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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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, LUIS 2462 PINE CHASE CIR. ST. CLOUD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3913 COUNTRYSIDE VIEW CT ST. CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Luis Diaz* **LUIS DIAZ, PRESIDENT** 4/23/01 907-957-0588
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/00)