

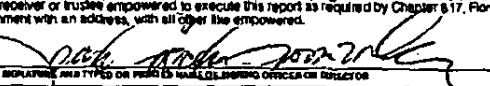
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N30907			
1. Entity Name HIS HOUSE, INC.			
Principal Place of Business 20000 NW 47TH AVE. BLDG. 22 OPA-LOCKA, FL 33055 US		Mailing Address 20000 NW 47TH AVE. BLDG. 22 OPA-LOCKA, FL 33055 US	
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 65-0145994		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CACERES-GONZALEZ JEAN 20000 NW 47TH AVENUE BLDG. 22 OPA-LOCKA, FL 33055		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, printed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent Signature required when changing)			
FILE NOW! FEES \$10.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENENDEZ, JOSE 341 S.W. 184 TERRACE PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CACERES-GONZALEZ, Jean ☐ Change ☒ Addition 20000 NW 47th Ave Bldg 22 OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CACERES, JULIE 3907 STATION CLUB DRIVE MARIETTA, GA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POW, PAM TEN 9500 BROADVIEW TERRACE BAY HARBOR ISLANDS, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HONG, GEMMA MAN SON 8706 SW 134 PLACE MIAMI, FL 33183 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AWONG, JUDY 9022 SW 123 CT BLDG 0 #203 MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 198.07(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 17, 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: 		6/30/03 (305) 430-0085	

OFFICER (10/02)