


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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91097 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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

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
**GISSEN, MATTEW
3180 BISCAYNE BLVD.
MIAMI FL 33137**

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 _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP GISSEN, MATTHEW 3180 BISCAYNE BLVD. MIAMI FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDER, RITA 3303 FLAMINGO DRIVE MIAMI BEACH FL 33140 <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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JOSEPH 6901 SW 16 COURT PEMBROKE PINES FL 33023 <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 FL 33015 - <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROEDEL, JERRY 5781 SW 88 TERRACE COOPER CITY, FLORIDA 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JURNEY, KENT 11390 SW 94 AVENUE MIAMI FL 33176 <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	D SCHWARTZ, SHELDON 15555 BISCAYNE BLVD. MIAMI FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERMAN, ADAM 839 HERITAGE DRIVE WESTON FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, ORLANDO 1514 SAN IGNACIO MIAMI FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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)(l), 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:  **REQUIRE** **MATTHEW GISSEN** **MARCH 11, 2003** **305-571-2628**

CR2E037 (10/02)