

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91768 029 ***158.75

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DOCUMENT # G90275

1. Entity Name
FAMILY BOARDING HOME, INC.



Principal Place of Business
C/O ALFONSO RODRIGUEZ CPA
6780 CORAL WAY STE 100
MIAMI FL 33155

Mailing Address
C/O ALFONSO RODRIGUEZ CPA
6780 CORAL WAY STE 100
MIAMI FL 33155



2. Principal Place of Business
1120 S.W. 19th Avenue

3. Mailing Address
1120 S.W. 19th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL 33135

City & State
Miami, FL 33135

4. FEI Number **59-2412614**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CARRATALA, SOFIA
1120 SW 19TH AVE
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name
Howard L. Kuker
Street Address (P.O. Box Number is Not Acceptable)
9200 South Dadeland Boulevard
Suite 508
City **Miami, FL** Zip Code **33156**

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

April 30, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 11

TITLE **P** ☒ Delete
NAME **CARRATALA, SOPHIA**
STREET ADDRESS **1120 SW 19TH AVE**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **P and D** ☒ Change ☐ Addition
NAME **Leonor Gonzalez**
STREET ADDRESS **1120 S.W. 19th Avenue**
CITY-ST-ZIP **Miami, Florida 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Sec and D** ☒ Change ☐ Addition
NAME **Ruben Corteguera**
STREET ADDRESS **1120 S.W. 19th Avenue**
CITY-ST-ZIP **Miami, Florida 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-753-3933

CR2E034 (10/02)