

FILED
Apr 07, 2003 8:00 am
Secretary of State

01-29-2003 90133 028 ****61.25

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

DOCUMENT # N00000005594

1. Entity Name

AMERICAN HOUSING RESOURCES, INC.



Principal Place of Business

713A NW 101 STREET
MIAMI FL 33150

Mailing Address

713A NW 101 STREET
MIAMI FL 33150

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 65-115575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

FORTES, LAZARO
713 A NW 101 ST
MIAMI FL 33150

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

TITLE	PO	NAME	FORTES, LAZARO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			713A NW 101 STREET	
CITY-ST-ZIP			MIAMI FL 33150	
TITLE	VO	NAME	AGUILAR, LESLIE L	<input type="checkbox"/> Delete
STREET ADDRESS			713A NW 101 STREET	
CITY-ST-ZIP			MIAMI FL 33150	
TITLE	D	NAME	CASTILLO, GUILLERMO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			8 TRANSYLVANIA AVENUE	
CITY-ST-ZIP			KEY LARGO FL 33037	
TITLE	D	NAME	AUROBA ARNAIZ, RENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			713 NW 101 STREET	
CITY-ST-ZIP			MIAMI FL 33150	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PO	NAME	AGUILAR, LESLIE L	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			713A NW 101 ST	
CITY-ST-ZIP			MIAMI FL 33150	
TITLE	VO	NAME	GRICELIA CONORS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			713 NW 101 ST MIAMI	
CITY-ST-ZIP			FL 33150	
TITLE		NAME	DUELSON, LUIS GARCIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			929 NW 23 CT	
CITY-ST-ZIP			MIAMI FL 33125	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #