

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90212 027 \*\*\*\*96.25

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

<b>DOCUMENT # N00000007934</b> 1. Entity Name <b>FIRST HOUSING ENTERPRISE, INC.</b>			
Principal Place of Business 322 BANYAN BLVD. WEST PALM BEACH, FL 33401		Mailing Address P.O. BOX 4961 ORLANDO, FL 32802	
2. Principal Place of Business <i>422 7th Street</i> Suite, Apt. #, etc. <i>Suite 2</i> City & State <i>West Palm Beach, FL</i> Zip <i>33401</i>		3. Mailing Address <i>422 7th Street</i> Suite, Apt. #, etc. <i>Suite 2</i> City & State <i>West Palm Beach, FL</i> Zip <i>33401</i>	
4. FEI Number <b>65-1075099</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>B&amp;C CORPORATE SERVICES OF CENTRAL FLORIDA</b> <b>390 N. ORANGE AVENUE, SUITE 1100</b> <b>ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name <i>Paula J. Ryan</i> Street Address (P.O. Box Number is Not Acceptable) <i>422 7th Street, Suite 2</i> City <i>West Palm Beach, FL</i>	
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.		DATE <i>4/23/03</i>	
SIGNATURE 		(NOTE: Registered Agent signature required when remaining)	
FILE NOW: FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BERMONT, PETER L 3427 NORTH MOORINGS WAY COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATHAN, MARTIN 1779 TIGER TAIL AVE. COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, PAULA 269 QUEENS LANE PALM BEACH, FL 33480	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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 517, 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:		DATE: <i>4/23/03</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # <i>848 838-8886</i>	

11034023



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)