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

N01000001205 DOCUMENT

1. Entity Name

ESTHER'S GROUP HOME CORPORATION



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90099 037 ****61.25

Principal Place	e of Business	Mailing Address						
20115 N.E. 20TH AVE N. MIAMI BEACH FL 33179		20115 N.E. 20TH AVE N. MIAMI BEACH FL 33179				•		
	•							
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65	j-1090901	_ 	plied For t Applicable	
Zip	Country	Zip	Coi	untry	5. Certificate of Sta	utus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ess of New Registered	Agent	
	****		Name		,			
DELVA, ESTHER 		ا البدال محمد الراح المحمد معهدا			s (P.O. Box Number is Not Acceptable)			
	BEACH FL 33179							
				City		FL	Zip Cod	9
	named entity submits this statement fo	or the purpose of chan	ging its register	ed office or regis	stered agent, or both, in the	he State of Florida. I am	familiar with,	and accept
the obligati	ons of registered agent.							
SIGNATURE _	· • • • • • • • • • • • • • • • • • • •							
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent signature requ	uired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25		I	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Chec Florida Depar		
	•				ADDITIONS (CHANCE	S TO OFFICERS AND DI	DECTORS IN	10
10.	OFFICERS AND DI	RECTORS Defe	ete TITL		ADDITIONS/CHANGE	3 TO OFFICERS AND DI		Addition
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CITY-ST-ZIP	N MIAMI FL 33162			Y-ST-ZIP				
TITLE	D	☐ Dele						
NAME				1			☐ Change	Addition
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CITY-ST-ZIP			NAM STR CITY	ME BEET ADDRESS Y-ST-ZIP		z '2	☐ Change	Addition
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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. Walls REQUIRED 2/7/03

SIGNATURE: