

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005521

1. Entity Name

AFFORDABLE HOMES AND RENTALS, INC.

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 90716 002 ****70.00

Principal Place of Business

Mailing Address

~~16921 NORTHWEST 57TH AVENUE~~
~~MIAMI FL 33055~~

POST OFFICE BOX 172973
HIALEAH FL 33017

2. Principal Place of Business

5445 Collins Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 1026

City & State

Miami Beach, FL

Zip

33140

Country

USA

Country

4. FEI Number

75-3032504

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Libi Dubois

Street Address (P.O. Box Number is Not Acceptable)

5445 Collins Avenue, Suite 1026

City

Miami Beach

FL

Zip Code

33140

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.

SIGNATURE

Signature of the 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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PST
NAME MONTENEGRO-TOIRAC, MARLENE ☐ Delete
STREET ADDRESS 16921 NORTHWEST 57TH AVENUE
CITY-ST-ZIP MIAMI FL 33055

TITLE D ☒ Delete
NAME TOIRAC, YANELIS
STREET ADDRESS 16921 NORTHWEST 57TH AVENUE
CITY-ST-ZIP MIAMI FL 33055

TITLE D ☐ Delete
NAME RIVERA, IRMA
STREET ADDRESS 16921 NORTHWEST 57TH AVENUE
CITY-ST-ZIP MIAMI FL 33055

TITLE D ☒ Delete
NAME MARRERO, REGIA
STREET ADDRESS 16921 NORTHWEST 57TH AVENUE
CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☒ Change ☒ Addition
NAME Montenegro-Toirac, Marlene
STREET ADDRESS P.O. Box 248816
CITY-ST-ZIP Coral Gables, FL 33124

TITLE DIRECTOR ☒ Change ☒ Addition
NAME MONTENEGRO, GLORIA
STREET ADDRESS P.O. Box 248816
CITY-ST-ZIP Coral Gables, FL 33124

TITLE DIRECTOR ☒ Change ☐ Addition
NAME RIVERA, IRMA
STREET ADDRESS P.O. Box 248816
CITY-ST-ZIP Coral Gables, FL 33124

TITLE DIRECTOR ☐ Change ☒ Addition
NAME DELARA, CELIA
STREET ADDRESS P.O. Box 248816
CITY-ST-ZIP Coral Gables, FL 33124

TITLE DIRECTOR ☐ Change ☒ Addition
NAME DUBOIS, LIBI
STREET ADDRESS P.O. Box 248816
CITY-ST-ZIP Coral Gables, FL 33124

TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marlene Montenegro Toirac
President

Date

Daytime Phone #

CR2E037 (9/01)