## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N01000005521

Entity Name: AFFORDABLE HOMES AND RENTALS, INC.

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5445 COLLINS AVE STE 1026 MIAMI, FL 33140 P.O. BOX 172973 HIALEAH, FL 33017

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 172973 HIALEAH, FL 33017

FEI Number: 75-3032504 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUBARS, LIBIA 5445 COLLINS AVE, STE 1026 MIAMI, FL 33140 US DUBOIS, LIBI 16921 N.W. 57 AVENUE MIAMI, FL 33055 US

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: LIBI DUBOIS 04/30/2003

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete

Name: MONTENEGRO-TOIRAC, MARLENE

Address: 16921 NORTHWEST 57TH AVENUE

City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete

Name: TOIRAC, YANELIS

Address: 16921 NORTHWEST 57TH AVENUE

City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete

Name: RIVERA, IRMA Address: 16921 NORTHWEST 57TH AVENUE

City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete

Name: MARRERO, REGLA

Address: 16921 NORTHWEST 57TH AVENUE City-St-Zip: MIAMI, FL 33055

Title: PST (X) Change ( ) Addition
Name: MONTENEGRO-TOIRAC, MARLENE

Address: P.O. BOX 248816

City-St-Zip: CORAL GABLES, FL 33124

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

Title: D (X) Change ( ) Addition

Name: RIVERA, IRMA Address: P.O. BOX 248816

City-St-Zip: CORAL GABLES, FL 33124

Title: D (X) Change ( ) Addition

Name: DUBOIS, LIBI

Address: P.O. BOX 248816

City-St-Zip: CORAL GABLES, FL 33124

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE MONTENEGRO-TOIRAC P 04/30/2003