

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007247

1. Entity Name

FLORIDA COMMUNITY HOMES, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90357 007 ****61.25

0048747

Principal Place of Business

Mailing Address

5238 NE 6TH AVENUE, BUILDING 26 B
FORT LAUDERDALE FL 33336

5238 NE 6TH AVENUE, BUILDING 26 B
FORT LAUDERDALE FL 33336

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

31-1630894

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

KURUVILA, JOE
5238 NE 6TH AVENUE, BUILDING 26 B
FORT LAUDERDALE FL 33336

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HIJOS, MARIA
5238 NE 6 AVE BLDG 26 B
FORT LAUDERDALE FL 33336 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
PUTHENAPRAKUNNEL, MARY
6412 RODMAN STREET
HOLLYWOOD FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
KURUVILA, JOE
6051 MIRAMAR PKWY
MIRAMAR FL 33023 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FERNANDO MUNOZ
6320 GRANT CT
HOLLYWOOD FL 33024 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

Daytime Phone #

CR2E037 (10/00)