## 2062 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N99000004728 FILED Oct 07, 2002 8:00 A.N Secretary of State 1. Entity Name A HOME FOR EVERY HEART, INC. Mailing Address Principal Place of Business 644 SOUTHEAST 4TH AVENUE 644 SOUTHEAST 4TH AVENUE FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 91-1895335 Not Applicable Zip Country Zip Country \$8.75 Additional X Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert Brewes Street Address (P.O. Box Number is Not Acceptable) HODGES, PERRY W JR. 644 SOUTHEAST 4TH AVENUE FORT LAUDERDALE FL 33301 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. SIGNATUR re, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing After September 13, 2002, \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Delete TITLE PD Change 1 TITLE MULDER, KYNDRA L NAME NAME John Robert Brewer IV STREET ADDRESS STREET ADDRESS 644 SE 4TH AVE 1755 Semunole Rd. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301-3102 Atlantic Brach, FL M Change TITLE Delete VD SNOWDEN, TAMI NAME NAME lyndra, Mulder STREET ADDRESS STREET ADDRESS 9208 S SHADOWGLEN CT 1755 Seminor Rd CITY-ST-ZIP CITY-ST-ZIP HIGHLANDS BEACH CO 80126 Atlantic Beach, Floricla Addition Delete SD TITL F Sec/Treas TITLE HODGES, PERRY W JR NAME Kinsten S. Brewer STREET ADDRESS STREET ADDRESS 644 SE 4TH AVE 55 Seminole Rd. Hantic Brach, Florida 322.33 CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33301-3102 ☐ Delete TITLE 700008327**6**57 TITLE NAME NAME -10/11/02--01022--007 STREET ADDRESS STREET ADDRESS \*\*\*\*245.00 \*\*\*\*245.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

2. 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.

SIGNATURE.

MAKED RELIGIBLED

9/30/00