2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2002 8:00 AM
Secretary of State

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Entity Name: BRIAR PATCH GROUP HOME, INC.

Current Principal Place of Business:

18850 NW 84 AV
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

5201 SW 195 TR
FORT LAUDERDALE, FL 33332

New Mailing Address:

FEI Number: 65-0958467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALDERMAN, CORNELIA
5201 SW 195 TR
FORT LAUDERDALE, FL 33332

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALDERMAN, CORNELIA
Address: 7450 SW 130TH AVE
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete
Name: PHOUNG, THAD MINH L
Address: 10420 SW 49 ST
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: KOSTZER, MARCELO
Address: 7961 NW 53 CT
City-St-Zip: LAUDERHILL, FL 33351

Title: D ( ) Delete
Name: ILIADIS, ANASTASIA
Address: 231 BRIXTON ROAD
City-St-Zip: GARDEN CITY, FL 11530

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALDERMAN, CORNELIA
Address: 5201 SW 195 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: D (X) Change ( ) Addition
Name: PHOUNG, THAO MINH L
Address: 10420 SW 49 ST
City-St-Zip: MIAMI, FL 33176

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CORNELIA ALDERMAN MS. 06/15/2002

Electronic Signature of Signing Officer or Director — Date