

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90396 032 ***150.00

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DOCUMENT # P00000002737

1. Entity Name
CONTEMPO HOMES INC.



Principal Place of Business
**10661 N. KENDALL DR. #104
MIAMI FL 33176**

Mailing Address
**10661 N. KENDALL DR. #104
MIAMI FL 33176**



2. Principal Place of Business
10107 Sunset Dr.
Suite, Apt. #, etc.

3. Mailing Address
10107 Sunset Dr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami Florida
Zip
33173
Country
U.S.A

City & State
Miami Florida
Zip
33173
Country
U.S.A

4. FEI Number
65-1003805

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

**MORA, CARIDAD L
29 SOUTH ROYAL POINCIANA BLVD.
MIAMI SPRINGS FL 33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MORA, CARIDAD L**
STREET ADDRESS **29 SOUTH ROYAL POINCIANA BLVD.**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 607, 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 **(305) 271-4323**
Date Daytime Phone #

CR2E034 (10/02)