2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000002737

DOCUMENT # 1. Entity Name

CONTEMPO HOMES INC.



Apr 14, 2003 8:00 am \$ Secretary of State

CONTENIO PICINES INC.										
	ce of Business DALL DR., #104 76	Mailing Address 10661 N. KENDALL DR #104 MIAMI FL 33176								
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2. Principal F	Place of Business 7 Sunset Dr.	3. Mailing Address Sunset DR				6 (88)(1881 (1) 60)(13 88)(14 88)(14 88)(14 8	FOLIS O DOLL SOSIO ((C)(FOOF (ille 10 0 0 000	
Suite, Apt.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat		City & State				4 CEL Number				
Mia	un Florida	Maur	rils	<u> </u>	65-1003805 Not Ap			t Applicable		
331°	73 Country U. S. A	33173	Coun	S. A	5.	Certificate of Status Desired		75 Add Required		
	6. Name and Address of Current R		<u> 7.</u> ~	Name and Address of New Re	istered Ager	st .				
MODA CADIDAD I					Name					
MORA, CARIDAD L 29 SOUTH ROYAL POUNCIANA BLVD.				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI SPE						·				
							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. 1 am fam									and accept	
the obligations of registered agent.										
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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						 Election Campaign Final Trust Fund Contribution. 	ncing		May Be to Fees	
10.	OFFICERS AND DIRECTORS 11				A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
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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 truestee 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:

ATUREDECUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR