

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90117 001 ***150.00
 05-14-2001 90117 002 *****8.75

DOCUMENT # P00000060252
1. Entity Name
 DESIRED HOMES REALTY, INC

Principal Place of Business **Mailing Address**

2. Principal Place of Business 12350 SW 132 Ct.
 Suite, Apt. #, etc. 101
 City & State MIAMI FLORIDA
 Zip 33186 Country USA

3. Mailing Address 12350 SW 132 Ct.
 Suite, Apt. #, etc. Suite 101
 City & State MIAMI, FL.
 Zip 33186 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1015861 **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
 Name ARMANDO O. TORRES
 Street Address (P.O. Box Number is Not Acceptable) 6135 SW 129 Pl.
 Suite 1903
 City MIAMI FL Zip Code 33183

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 ARNDT
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNDT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/00)