2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

DOCUMENT # P0000061057 1. Entity Name ACQUIRED HOMES, INC.						FILED 02 NOV 19 PM 3: 26					
Principal Place 1181 NE 200 N.MIAMI FL 3		Mailing Address 1181 NE 200 TERR N.MIAMI FL 33179	181 NE 200 TERR			TALLAHASSEE, FLORIDA					
2. Principal F	Place of Business	3. Mailing Address			1		III III III III III III PTAYER	ACAF			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				NERE	DO NOT WRIT	EINTHIS	PACE U	<u></u>	
City & Star	te .	City & State				4. FE! Numbe	65-1020903			pplied For ot Applicable	<u></u>
Zip Country		Zip Count		ry	5 Certificate of Status Desired Status Desired Status Desired				\$8.75 Add	ditional	1
	6. Name and Address of Current R	egistered Agent		- 7. Name and Address of New Registered Agent							
CANTERO, NATALIA 1181 NE 200 TERR N. MIAMI FL 33179				Name Street Address (P.O. Box Number is Not Acceptable)							
		_	}	City				FL	Zip Cod	e	
9. This corporate filing	Signature, typed or printed name of registered agent an orration is eligible to satisfy its Intangible requirement and elects to do so.	d title if applicable. (NOTE FILE NOW!! After September 13,	Registered	IS \$550.	00	1 i	etion Campaign Fin			May Be	
<u> </u>	ria on back)	Make Check Payab		partment	of State				7,0000		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANTERO, NATALIA 1181 NE 200 TERR N. MIAMI FL 33179	Delete		T ADDRESS ST-ZIP	^	ADDITIONS/C	CHANGES TO OFF	CERS AND	DIRECTORS Change	S IN 11	(00/7) 7000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, SESSLEY 13936 SW 46TH TERR D MIAMI FL	<u> </u>		T ADDRESS ST-ZIP	A.	11/19/	000 90: 0201072-	3 84 8 -011 *	☐ Change 3:[] * 750.[]	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREE CITY-:	T ADDRESS	- Marie				Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY_ST-ZIP		☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP		***			☐ Change	Addition	1
TITLE NAME & STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S	i					☐ Change	Addition	
13. I hereby of indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empowers and the product with the control of	nis filing does not qualify for true and accurate and that may be seen to execute this peport a	the exem	nption state ire shall ha ed by Char	ed in Secti ive the sar oter 607, F	on 119.07(3)(i) ne legal effect Torida Statutes	Florida Statutes. I as if made under o and that my name	further certi ath; that I ar appears in	fy that the in n an officer of Block 11 or	formation or director Block 12 if	