

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90056 041 ***158.75

DOCUMENT # P000000074040
1. Entity Name
THE FAMILY HOME INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6801 NW 11th PL
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Plantation, FL
Zip 33313 Country Broward

4. FEI Number
65-103-1386
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Marie Antoine
Street Address (P.O. Box Number is Not Acceptable)
5402 SW 1st Street
City Plantation FL Zip Code 33313

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 [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C Marie L. Antoine 1118 E. 103rd Street Brooklyn, NY 11236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Anne Marie Antoine 1118 E. 103rd St Brooklyn, NY 11236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Mona Edme 5402 SW 1st Street Plantation, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alein Jean Edme 6801 NW 11th PL Plantation, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jeanette Edme 5402 SW 1st Street Plantation, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Monique Rigodon 5402 SW 1st Street Plantation, FL 33317

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 954-587-5895
Date Daytime Phone #

CR2E034B (12/01)