

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000098248****1. Entity Name**  
**SIMPLY HOMES, INC.****Principal Place of Business**  
**14320 NORTHEAST 5 PLACE**  
**SUITE 3**  
**NORTH MIAMI FL 33161****Mailing Address**  
**14320 NORTHEAST 5 PLACE**  
**SUITE 3**  
**NORTH MIAMI FL 33161****FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90292 001 \*\*\*600.00

**29025**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**14320 NE 5 PLACE****Suite, Apt. #, etc.**  
**Suite 3****City & State**  
**North Miami FL****Zip**  
**33161****Country**  
**USA****3. Mailing Address**  
**14320 NE 5 PLACE****Suite, Apt. #, etc.**  
**Suite 3****City & State**  
**North Miami FL****Zip**  
**33161****Country**  
**USA****4. FEI Number**  
**52-2288176****Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****KEMP, NINA**  
**14320 NORTHEAST 5 PLACE**  
**SUITE 3**  
**NORTH MIAMI FL 33161****7. Name and Address of New Registered Agent****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.****SIGNATURE**   
Signature typed or printed name of registered agent and title if applicable.(NOTE: Registered Agent signature required when reinstating)**FEBRUARY 20, 2001**  
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****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PSD**  
**KEMP, NINA**  
**14320 NORTHEAST 5 PLACE SUITE 3**  
**NORTH MIAMI FL 33161** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VP**  
**HAMPTON, DAMIAN R**  
**14320 NORTHEAST 5 PLACE SUITE 3**  
**NORTH MIAMI FL 33161** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**T**  
**ARI LUNDY, D'VANTE**  
**14320 NORTHEAST 5 PLACE SUITE 3**  
**NORTH MIAMI FL 33161** ☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
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☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
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**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition**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:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**FEBRUARY 20, 2001**  
Date**305 891-1000**  
Daytime Phone #

CR2E034 (10/00)

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