

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107453

1. Entity Name
FLORIDA HOME REMODELING, INC.

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90496 025 ***150.00

Principal Place of Business

~~1595 NE 135 ST., #435~~

~~N. MIAMI FL 33101~~

2040 NE. 163 St.-Ste.#307-E
Miami, FL 33162

Mailing Address

~~1595 NE 135 ST., #435~~

~~N. MIAMI FL 33101~~

2040 NE. 163 St.-Ste.#307-E
Miami, FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1057265

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

NICHOLSON, VERONICA → VERONICA

~~1595 NE 135 ST., #435~~

~~N. MIAMI FL 33101~~

2040 NE. 163 street-Suite#307-E
Miami, FL 33162

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)

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, 2002 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

TITLE P
NAME NICHOLSON, VERONICA
STREET ADDRESS ~~1595 NE 135 ST. #435~~ 2040 NE. 163 St.-#307-E
CITY-ST-ZIP MIAMI FL 33101 Miami, FL 33162

TITLE President
NAME NICHOLSON, VERONICA
STREET ADDRESS 2040 NE. 163 Street-Suite #307-E
CITY-ST-ZIP Miami, FL 33162

TITLE
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STREET ADDRESS
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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: Veronica Nicholson 3/29/02 305-893-3156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)