FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 16, 2002 8:00 am § Secretary of State P00000113521 DOCUMENT # 1. Entity Name 04-16-2002 90127 047 \*\*\*158 AFFORDABLE REALTY CORP. Principal Place of Business Mailing Address 6952 SW 148TH LANE 6952 SW 148TH LANE **DAVIE FL 33331** DAVIE FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-1062920 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLWEISS, HARRISSON Street Address (P.O. Box Number is Not Acceptable) 6952 SW 148TH AVE DAVIE FL 33331 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -10.-Election Campaign Financing -\$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT ALLWEIS HARRYON 6952 SW HARRYON ☐ Delete 1 Addition TITLE TITLE Change ALLWEISS, HARRISSON NAME NAME 6952 SW 148TH AVE STREET ADDRESS STREET ADDRESS DAVIE, FL 33331 DAVIE FL 33331 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT Addition TITLE ☐ Delete TITLE Change DEFAUNES VINCENT DEFAUWES, VINCENT NAME NAME 11805 SW107 TERR 11805 SW 107 TERR STREET ADDRESS STREET ADDRESS MIAMI FL 33186 MADI FZ 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.