

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90093 029 ***150.00

DOCUMENT # PO1000009004
1. Entity Name
CITY HOME IMPROVEMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>15310 SW 113 TER</u> Suite, Apt. #, etc. <u>MIAMI, FL 33196</u> City & State		3. Mailing Address <u>15310 SW 113 TER</u> Suite, Apt. #, etc. <u>MIAMI</u> City & State <u>FL</u>	
Zip <u>33196</u>	Country	Zip <u>33196</u>	Country

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4. FEI Number <u>65-1076736</u>	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>GARCIA, BERNARDA</u>
Street Address (P.O. Box Number is Not Acceptable) <u>17121 SW 149th CT</u>
City <u>MIAMI</u> FL Zip Code <u>33187</u>

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD SUAREZ, ODALYS 15310 SW 113 TER MIAMI, FL 33196</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD SUAREZ, JOSE 15310 SW 113 TER MIAMI, FL 33196</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD GARCIA, BERNARDA 17121 SW 149 CT MIA, FL 33187</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: Odalis Suarez ODALYS SUAREZ 4/26/02 305-322-1902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #