

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**  
15310 SW 113 TER

**3. Mailing Address**  
15310 SW 113 TER

Suite, Apt. #, etc.  
MIAMI, FL 33196

Suite, Apt. #, etc.  
MIAMI

City & State

City & State

Zip Country

Zip Country

33196

**4. FEI Number**  
65-1076736

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name GARCIA, BERNARDA

Street Address (P.O. Box Number is Not Acceptable)

17121 SW 149th CT

City MIAMI **FL** Zip Code 33187

**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) ☒

**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
PD	SUAREZ, ODALYS	15310 SW 113 TER	MIAMI, FL 33196
VD	SUAREZ, JOSE	15310 SW 113 TER	MIAMI, FL 33196
SD	GARCIA, BERNARDA	17121 SW 149 CT	MIAMI, FL 33187

**DO NOT WRITE  
IN THIS SPACE**

**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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02  
Date

305-322-1902  
Daytime Phone #