FILED

## 2002 Uniform Business Report (UBR)

## Apr 08, 2002 8:00 am Secretary of State P01000056916 DOCUMENT # 1. Entity Name 04-08-2002 90249 044 \*\*\*150.00 FIRST USA HOMES REALTY INC. Mailing Address Principal Place of Business 1925 BRICKELL DRIVE. SUITE D206 1925 BRICKELL DRIVE, SUITE D206 MIAMI FL 33129 **MIAMI FL 33129** 3. Mailing Address 2. Principal Place of Busine DO NOT WRITE IN THIS SPACE Applied For 4. FE Number 45-1117847 Not Applicable **W**SA \$8.75 Additional 5. Certificate of Status Desired lsA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IRIS Yaira Suarez BESU. ROGER Street Address (P.O. Box Number is Not Acceptable) 1925 BRICKELL QRIVE, SUITE D206 MIAMI FL 33129 2100W. 765E # Zip Code うろくし submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named exity 4-1-02 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS (9/01) Change ☐ Addition TITLE PD TITLE Delete SUAREZ, TRIS Y. 2100W. 768+ \$302 BESU. ROGER NAME NAME 1925 BRICKELL DRIVE, SUITE D206 STREET ADDRESS STREET ADDRESS HIALIAHA BBOIL CITY-ST-ZIP **MIAMI FL 33129** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 leport 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 of 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 ampowered.