

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000063987

1. Entity Name

THOUSAND HOMES CORP.

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

06-03-2002 91209 023 ***150.00

Principal Place of Business

Mailing Address

2101 NE 41 STREET STE B
POMPANO BEACH FL 33064

2101 NE 41 STREET STE B
POMPANO BEACH FL 33064

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

65-1116333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAURENTINO, LUIZ A

2101 NE 41 STREET STE B

POMPANO BEACH FL 33064

Name

TAX HOUSE CORPORATION

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

3929 N. FEDERAL HWY.

City

POMPANO BEACH

FL

Zip Code

33064

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)

05/28/02

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LAURENTINO, LUIZ A AV JOAO GUALBERTO 1156 CURITIBA PR BRASIL 80030-001 OC <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS NOFFKE, PERICLES ASSIS 2101 NE 41 STREET STE B POMPANO BEACH, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurentino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/28/02

954-786-2709

Date

Daytime Phone #