2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003
Secretary of State

DOCUMENT# P01000083346

Entity Name: COURTYARD SUPPORTED LIVING SERVICES INC.

Current Principal Place of Business:

2802 NW 102 STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

24965 SW 129 PATH
MIAMI, FL 33032

New Mailing Address:

FEI Number: 65-1102904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYES, MIGUEL A
24965 SW 129 PATH
MIAMI, FL 33032

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: BECKFROD, PHELLEP
Address: 3586 NW 188 STREET
City-St-Zip: MIAMI, FL 33056

Title: M ( ) Delete
Name: REYES, GLORIA
Address: 2802 NW 102 STREET
City-St-Zip: MIAMI, FL 33147

Title: S ( ) Delete
Name: BECKFORD, IVANOVA
Address: 3586 NW 188 STREET
City-St-Zip: MIAMI, FL 33032

Title: P ( ) Delete
Name: REYES, MIGUEL A
Address: 24965 SW 129 PATH
City-St-Zip: MIAMI, FL 33032

Title: V ( ) Delete
Name: SANTANA, ANA J
Address: 1098 GRANT AVENUE
City-St-Zip: BRONX, NY 10456

Title: T/D ( ) Delete
Name: SANTANA, MARIBEL
Address: 24965 SW 129 PATH
City-St-Zip: MIAMI, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL REYES P 04/23/2003

Electronic Signature of Signing Officer or Director — Date