
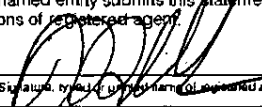
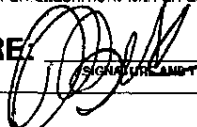


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90204 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000094482			
1. Entity Name AMERICAN HOMES OF SOUTH FLORIDA, INC.			
Principal Place of Business 5632 NW 127TH TERRACE CORAL SPRINGS, FL 33076		Mailing Address 5632 NW 127TH TERRACE CORAL SPRINGS, FL 33076	
2. Principal Place of Business 7381 NW 115th Terrace Suite, Apt. #, etc. Dade County		3. Mailing Address 7381 NW 115th Terrace Suite, Apt. #, etc. Dade County	
City & State Dade County, Florida		City & State Dade County, Florida	
Zip 33076		Country USA	
4. FEI Number 33-1050806		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELLAVIA, JOHN 5632 NW 127TH TERRACE CORAL SPRINGS, FL 33076		7. Name and Address of New Registered Agent Name JOHN BELLAVIA Street Address (P.O. Box Number is Not Acceptable) 7381 NW 115th Terrace City Dade County FL Zip Code 33076	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature of John Bellavia, registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)		DATE 3-30-03	
FILING FEE: \$150.00 ARAT May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLAVIA, JOHN 5632 NW 127TH TERRACE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / President JOHN BELLAVIA 7381 NW 115th Terrace Dade County, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE  Signature and Typed or Printed Name of Signing Officer or Director		DATE 3-30-03	954-753-0177

CR2E034 (10/02)