

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90615 019 ***150.00

DOCUMENT # P01000107934

1. Entity Name

AFFORDABLE HOME DEVELOPERS, INC.

Principal Place of Business

**6600 NW 27TH STE #109
 MIAMI FL 33147**

Mailing Address

**6600 NW 27TH STE #109
 MIAMI FL 33147**

2. Principal Place of Business

1500 UNIVERSITY DR.

3. Mailing Address

1500 UNIVERSITY DR.

Suite, Apt. #, etc.

SUITE # 253

Suite, Apt. #, etc.

SUITE # 253

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS

Zip

33071

Country

BROWARD

Zip

33071

Country

BROWARD

6. Name and Address of Current Registered Agent

BARNETT, WILLIE

6600 NW 27TH STE #109

MIAMI FL 33147

7. Name and Address of New Registered Agent

Name

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

1500 UNIVERSITY DR. SUITE # 253

City

CORAL SPRINGS

FL

Zip Code

33071

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) ☐

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

TITLE	D.	<input type="checkbox"/> Delete
NAME	BARNETT, WILLIE	
STREET ADDRESS	6600 NW 27TH STE #109	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D.	<input type="checkbox"/> Delete
NAME	OUELLETTE, ALAIN	
STREET ADDRESS	6600 NW 27TH STE #109	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1500 UNIVERSITY DRIVE SUITE 253
CITY-ST-ZIP	CORAL SPRINGS, FL. 33071
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1500 UNIVERSITY DRIVE SUITE 253
CITY-ST-ZIP	CORAL SPRINGS, FL. 33071
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIE BARNETT

4-22-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)