2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 31, 2002 8:00 am DOCUMENT # **Secretary of State** P01000114977 1. Entity Name 02-25-2002 90087 020 ***150.00 HOMES-AND-SUCH, INC. Principal Place of Business Mailing Address 6421 NW 31ST TERRACE 6421 NW 31ST TERRACE **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KURTH, YAEL Street Address (P.O. Box Number is Not Acceptable) 6421 NW 31ST TERRACE **BOCA RATON FL 33498** Zip Code ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typ TE: Registered Agent signature required when reinstating) 9. This corporation is gligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete CR2E034 (9/01) ☐ Change ☐ Addition NAME: NAME KURTH, YAEL STREET ADDRESS STREET ADDRESS 6421 NW 31ST TERRACE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** TITLE Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change • Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby cartify that the information supplied with this filling 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.

FILED