

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90441 039 ***150.00

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1. Entity Name
FORECLOSURE HOMES INVESTMENTS, INC.



Principal Place of Business
8004 NW 154TH ST., SUITE 328
MIAMI LAKES FL 33016

Mailing Address
8004 NW 154TH ST., SUITE 328
MIAMI LAKES FL 33016

2. Principal Place of Business
8869 NW 169 TER
Suite, Apt. #, etc.

3. Mailing Address
210 N. W. 169th St. # B-208
Suite, Apt. #, etc.
8500 W. Flagler St. # B-208

City & State
MIAMI LAKES FLORIDA

City & State
MIAMI FL.

4. FEI Number
01-0575060

Applied For
Not Applicable

Zip
33018

Country
USA

Zip
33144

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GASTESI, RAUL JR.
15600 NW 67TH AVE., SUITE 308
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name
GASTESI RAUL JR
Street Address (P.O. Box Number is Not Acceptable)
8105 NW 155 ST
City
MIAMI LAKES **FL** **Zip Code**
33016

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, typed or printed name of registered agent and title if applicable.**

(NOTE: Registered Agent signature required when reinstating)

DATE
1/16/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PD	NAME NARANJO, JUAN C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8004 NW 154TH ST., SUITE 328		
CITY-ST-ZIP MIAMI LAKES FL 33016		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NARANJO, JUAN C.	
STREET ADDRESS 8869 NW 169 TER	
CITY-ST-ZIP MIAMI LAKES, FL 33018	
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	

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 and an officer or director.

SIGNATURE:

PRESIDENT
JUAN C. NARANJO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/10/03 305 5254800

CR2E034 (10/02)