

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90161 023 \*\*\*150.00

CR2E034 .AV

DOCUMENT # P02000061219

1. Entity Name

USA HOME REALTY OF FLORIDA, INC.



Principal Place of Business

1901 NE 206 TERR  
MIAMI FL 33179

Mailing Address

1901 NE 206 TERR  
MIAMI FL 33179

2. Principal Place of Business

900-A NW 144 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FLORIDA

City & State

City & State

Zip

33168

Country

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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0722847

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LISTON, BIANCA G ESQUIRE  
19 W FLAGLER ST, STE 720  
MIAMI FL 33130

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME LISTON, KEVIN J  
STREET ADDRESS 1901 NE 206 TERR  
CITY-ST-ZIP MIAMI FL 33179

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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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)