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

P02000077451 **DOCUMENT #**

1. Entity Name
ABILITY HUMAN DEVELOPMENT OF AMERICA CORP.



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

02-03-2003 90163 004 ***150.00

			S 17.10				
Principal Place of Business 1315 LANDSTREET ROAD ORLANDO FL 32824		Mailing Address 1315 LANDSTREET ROAD ORLANDO FL 32824					
2. Principal	Place of Business	3. Mailing Address	nle Parkwax				
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite # 207-B		CHECK HERE IF MAKING CHANGES			
City & State		City & State Orlando, FL		4. FEI Number Applied For Y2 - 1543170 Not Applied]
Zip	Country	Zip 32819	Country USA-	5. Certificate of Status Desired	\$8.75 Ac		<i>;</i>
	6. Name and Address of Current		- USIT-	~7. Name and Address of New Registe	Fee Require	ed	4
PEROTT	I, CAROLINA		Name SAO	Services, Inc.	ered Agent	· <u></u>	1
7802 KIN	NGSPOINTE PARKWAY	Street Address (P.O. Box Number is Not Acceptable)			7
SUITE #	205			/			
: ORLAND	O FL 32819	Suite :		# 207-3	# 201-B		
el Tour			CityOrla	ando	FL Zip Coo	O 10	
8. The above	re named entity submits this statement for ations of registered agent.	or the outpose of changing its r	egistered office or regis	stered agent, or both, in the State of Florida.	am familiar with,	and accept	1
o cong.	A	Vesteral			100/02		
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (A)OTE			129/00		
		and the ir applicable. (NOTE:	Registered Agent signature requ	dired when reinstating)	ATE		
	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	s5.0	00 May Be	
	ck Payable to Florida Department o	f State		Trust Fund Contribution.		to Fees	İ
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	C IN 11	┨
TITLE	P	☐ Delete	TITLE D		Change	Addition	1
NAME	AZEVEDO, ALFREDO J		NAME A 255	meds, Alfreds I	24 Onlings		10/02
STREET ADDRESS CITY-ST-ZIP	2143 LAKE DEBRA - #1028 ORLANDO FL 32835			3 Lake Debia - #1028			
	V			lands, FL 32835			F034
TITLE NAME	AZEVEDO, CLARICE	☐ Delete .	TITLE D	ando Clasica	🔀 Change	Addition	l ä
STREET ADDRESS			NAME A STREET ADDRESS 21	evedo, Clarice 13 Lahe Debia-#1028	.		-
CITY-ST-ZIP	ORLANDO FL 32835			lando FL 32835	•		
TITLE	T	☐ Delete	TITLE D.	The transfer of the second	Ox Channe	- Addition	ł
NAME	AZEVEDO, TIAGO K		NAME A 2	evedo, Traso K	_ •		
STREET ADDRESS CITY-ST-ZIP	2143 LAKE DEBRA - #1028 ORLANDO FL 32835			3 Lake Debia - # 1026	5		
 	S		CITY-ST-ZIP	lands, FL 32835			
TITLE NAME	AZEVEDO, LUCIANA K	☐ Delete	TITLE		Change	☐ Addition	
STREET ADDRESS	2143 LAKE DEBRA - #1028		NAME STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP				
TITLE		□ Delete	TITLE V		Change	★ Addition	
NAME				sin, Juliano	ш опануе	Andrinois	
STREET ADDRESS		1	STREET ADDRESS 214	3 Lahe Debia - #1029		i	
CITY-ST-ZIP				lands FL 32835			
TITLE	1	□ Delete					1
	,	☐ Delete	TITLE		Change	☐ Addition	1
NAME STREET ADDRESS	•	L.J Delete	NAME STREET ADDRESS		∐ Change	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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SO/OE 10 Date

321/220-4249