

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-01-2003 90140 022 ***158.75

DOCUMENT # P02000105100

1. Entity Name
MIAMI-DADE INFILL HOMES, INC.



Principal Place of Business
**1108 KANE CONCOURSE, SUITE 307
BAY HARBOR ISLAND FL 33154**

Mailing Address
**1108 KANE CONCOURSE, SUITE 307
BAY HARBOR ISLAND FL 33154**

55042852



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **47-0888841**

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

**GREEN, ROGER
1120 SE BUTTONWOOD CIR.
STUART FL 34997**

Name **Barry Haiman**
Street Address (P.O. Box Number is Not Acceptable)

1108 Kane Concourse #307

City **Bay Harbor Island FL** Zip Code **33154**

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 **Barry Haiman**

4-21-03

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 **PD** ☐ Delete
NAME **HAIMAN, BARRY**
STREET ADDRESS **1108 KANE CONCOURSE, SUITE 307**
CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**

TITLE **FLICK, JERRY** ☐ Change ☐ Addition
NAME **1119 COTORRO AVE.**
STREET ADDRESS **CORAL GABLES, FL 33146**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-21-03

305-865-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)