


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

05-01-2003 90140 022 ***158.75

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

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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 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
**GREEN, ROGER
 1120 SE BUTTONWOOD CIR.
 STUART FL 34997**

7. Name and Address of New Registered Agent
 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 DATE 4-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAIMAN, BARRY 1108 KANE CONCOURSE, SUITE 307 BAY HARBOR ISLAND FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLICK, JERRY 1119 COTORRO AVE. CORAL GABLES, FL 33146
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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 DATE 4-21-03 DAYTIME PHONE # 305-965-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)