

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90293 010 \*\*\*150.00

0207332 AV

**DOCUMENT # P02000105563**

1. Entity Name

**AMERICA HOME SOLUTIONS GROUP, INC.**



Principal Place of Business

**7933 NW 21 STREET  
MIAMI FL 33122**

Mailing Address

**7933 NW 21 STREET  
MIAMI FL 33122**

2. Principal Place of Business

3. Mailing Address

**9737 NW 41 street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**393**

City & State

**MIAMI, Florida**

Zip

Country

**33178**

**USA**

4. FEI Number

**03-0485047**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARRASCO, MIGUEL A  
7933 NW 21 STREET  
MIAMI FL 33122**

7. Name and Address of New Registered Agent

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

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PTD                | <input type="checkbox"/> Delete |
| NAME           | BLANCO, ROLANDO    |                                 |
| STREET ADDRESS | 7933 NW 21 STREET  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33122     |                                 |
| TITLE          | VS                 | <input type="checkbox"/> Delete |
| NAME           | CARRASCO, MIGUEL A |                                 |
| STREET ADDRESS | 7933 NW 21 STREET  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33122     |                                 |
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | AMADO, CONSTANZA   |                                 |
| STREET ADDRESS | 7933 NW 21 STREET  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33122     |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| 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    |   |
| 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, with all other like empowerer.

SIGNATURE:

**SIGNATURE**

**4/14/03 (Jus) 500-9202**

Date

Daytime Phone #

CR2E034 (10/02)