

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90146 014 \*\*\*150.00

DOCUMENT # P02000111137

1. Entity Name  
FGS HOME, INC.



Principal Place of Business  
9245 CHELSEA DR N  
PLANTATION FL 33324

Mailing Address  
9245 CHELSEA DR N  
PLANTATION FL 33324



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2000 SW 139 AVENUE

3. Mailing Address

2000 SW 139 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
DAVIE, FL

City & State  
DAVIE, FL

4. FEI Number

15-3084774

Applied For

Not Applicable

Zip  
33325

Country  
BROWARD

Zip  
33325

Country  
BROWARD

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

DENIS, CRISTINA B

~~9245 CHELSEA DR N~~ 2000 SW 139 AVENUE  
~~PLANTATION FL 33324~~ DAVIE, FL 33325

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 D ☐ Delete  
NAME DENIS, CRISTINA B  
STREET ADDRESS 9245 CHELSEA DR N  
CITY-ST-ZIP PLANTATION FL 33324

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

TITLE PVT ☐ Delete  
NAME DENIS, CRISTINA B  
STREET ADDRESS 9245 CHELSEA DR N  
CITY-ST-ZIP PLANTATION FL 33324

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 JAN 03 954-424-8442

Date

Daytime Phone #

CR2E034 (10/02)