

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

FILED

04 APR 13 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT# 203000155528

1. Entity Name

CZCHESTOWA GROUP HOME INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

19801 NW MIAMI Ct

Suite, Apt. #, etc.

3. Mailing Address

19801 NW MIAMI Ct

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

T542137111

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

33169

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

YVELINE Achille

Street Address (P.O. Box Number is Not Acceptable)

19801 NW MIAMI Ct

City

MIAMI

FL

Zip Code

33169

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	YVELINE Achille (P) 19801 NW MIAMI Ct MIAMI FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YVELINE Achille (V) 19801 NW MIAMI Ct MIAMI FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800032616198 04/13/04--01078--001 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YVELINE Achille (T) 19801 NW MIAMI Ct MIAMI FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YVELINE Achille (R.A) 19801 NW MIAMI Ct MIAMI FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YVELINE Achille (D) 19801 NW MIAMI Ct MIAMI FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YVELINE Achille (M.D) 19801 NW MIAMI Ct MIAMI FL 33169	TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE:

*Yveline Achille*

3/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/02)

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