

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

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90152 046 \*\*\*158.75

DOCUMENT # 203000155528

1. Entity Name

CZCHESLOWA GROUP HOME INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

19801 NW MIAMI COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FLORIDA

4. FEI Number

1542137111

Applied For

Not Applicable

Zip

33169

Country

US

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

YVELINE Achille

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

19801 NW MIAMI COURT

City

MIAMI

FL

Zip Code

33169

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT (P)
NAME	YVELINE Achille
STREET ADDRESS	19801 NW MIAMI COURT
CITY- ST- ZIP	MIAMI FL 33169
TITLE	VICE PRESIDENT (VP)
NAME	LESLEY CHARLES
STREET ADDRESS	19801 NW MIAMI COURT
CITY- ST- ZIP	MIAMI FL 33169
TITLE	ADMINISTRATOR (VP)
NAME	YVELINE Achille
STREET ADDRESS	19801 NW MIAMI COURT
CITY- ST- ZIP	MIAMI FL 33169
TITLE	Registered Agent (R.A)
NAME	YVELINE Achille
STREET ADDRESS	19801 NW MIAMI COURT
CITY- ST- ZIP	MIAMI FL 33169
TITLE	DIRECTOR (T)
NAME	YVELINE Achille
STREET ADDRESS	19801 NW MIAMI COURT
CITY- ST- ZIP	MIAMI FLORIDA 33169
TITLE	DIRECTOR Policy (D)
NAME	LESLEY CHARLES
STREET ADDRESS	19801 NW MIAMI COURT
CITY- ST- ZIP	MIAMI FL 33169

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)