


**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91191 026 \*\*\*150.00

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

|   |                                 |  |  |   |  |
|---|---------------------------------|--|--|---|--|
| <b>DOCUMENT # P92000006690</b><br>1. Entity Name<br><b>AFFORDABLE HOMES INTERNATIONAL, INC.</b>   |                                 |  |  |                |  |
| Principal Place of Business<br><b>20533 BISCAYNE BLVD., SUITE 4-235<br/>         NORTH MIAMI BEACH, FL 33180</b>  |                                 | Mailing Address<br><b>20533 BISCAYNE BLVD., SUITE 4-235<br/>         NORTH MIAMI BEACH, FL 33180</b> |  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |   |  |
| City & State  |                                 | City & State   |  | 4. FEI Number<br><b>65-0391031</b>  |  |
| Zip   |                                 | Zip  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><b>PERLMAN, MARK<br/>         1820 EAST HALLANDALE BEACH BLVD.<br/>         HALLANDALE, FL 33009</b>   |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering)</small>  |                                 |  |  |   |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |                                 |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br><b>PS</b><br>NAME<br><b>LEVIN, MICHAEL</b><br>STREET ADDRESS<br><b>21391 MARINA COVE CIR K-11</b><br>CITY-ST-ZIP<br><b>N MIAMI BEACH, FL 33180</b>   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br><b>V</b><br>NAME<br><b>HOLLAND, GARY</b><br>STREET ADDRESS<br><b>PO BOX 2366 N/A</b><br>CITY-ST-ZIP<br><b>THOMASVILLE, GA 31799</b>  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br><b>V</b><br>NAME<br><b>ALLISON, CHARLES</b><br>STREET ADDRESS<br><b>PO BOX 2366 N/A</b><br>CITY-ST-ZIP<br><b>THOMASVILLE, GA 31799</b>   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(x), 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: <i>Michael Levin</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                 |  | Date: <b>4/15/03</b> <b>305-932-3774</b><br><small>City/State/Zip</small>  |   |  |

20031625



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)