

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

DOCUMENT # P94000086177

1. Entity Name

DRAFT HOUSES OF AMERICA, INC.

05-14-2002 90426 001 *****8.75

05-14-2002 90426 002 ***150.00

Principal Place of Business

**5751 S.W. 40 STREET
 MIAMI FL 33155
 US**

Mailing Address

**5751 S.W. 40 STREET
 MIAMI FL 33155
 US**

2. Principal Place of Business

3. Mailing Address

248 SOUTH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI SPRINGS,

City & State

City & State

FLORIDA

Zip

Country

Zip

Country

33166

USA

4. FEI Number

65-0558607

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

PLATT, EDITH H

**5751 SW 40TH STREET
 MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

PLATT, EDITH H.

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

248 SOUTH DRIVE

City

MIAMI SPRINGS

FL

Zip Code

33166

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

Edith H. Platt

**EDITH H. PLATT
 REGISTERED AGENT**

4-26-02

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PLATT, EDITH	
STREET ADDRESS	5751 SW 40 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, EDITH	
STREET ADDRESS	248 SOUTH DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS, FL. 33166	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edith H. Platt, President (EDITH H. PLATT)

4-26-02

669-9727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)