

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90455 006 ***150.00

DOCUMENT # P95000043485

1. Entity Name

AMERICAN LAND HOUSING GROUP, INC.

Principal Place of Business	Mailing Address
115 NW 167TH ST STE 300 N MIAMI BCH FL 33169 US	115 NW 167TH ST STE 300 N MIAMI BCH FL 33169-6031 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0588215	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEHAR, SABY 115 NW 167TH ST STE 300 N MIAMI BCH FL 33169		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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSIN, ROBERTO	NAME	
STREET ADDRESS	115 NW 167TH ST STE 300	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33169	CITY-ST-ZIP	
TITLE	DSTP <input type="checkbox"/> Delete	TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHAR, SABY	NAME	
STREET ADDRESS	115 NW 167TH STREET STE 300	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33169	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARVIS, BRUCE R	NAME	
STREET ADDRESS	115 NW 167TH STREET STE 300	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33169	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANVIL, TRACY	NAME	
STREET ADDRESS	115 NW 167TH STREET STE 300	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33169	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRANVIL TRACY 4/27/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)