

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90460 014 ***150.00

DOCUMENT # **P95000083731**
 1. Entity Name
Residential Holdings, Inc. ✓

Principal Place of Business
**411 SW 4 St.
 Hallandale, FL 33009**

Mailing Address
**411 SW 4 St.
 Hallandale, FL 33009**

A0021087

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
720 SW 24 Road

3. Mailing Address
720 SW 24 Road

City & State
Miami, FL

City & State
Miami, FL

Zip
33129 Country **USA**

Zip
33129 Country **USA**

4. FEI Number
65-0615957

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Marko, David Everett
3001 SW 3 Avenue
Miami, FL 33129

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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

TITLE	<input type="checkbox"/> Delete
NAME	Ferguson, Madeleine
STREET ADDRESS	411 SW 4 St.
CITY-ST-ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> Delete
NAME	Diedel, Mary Linda
STREET ADDRESS	411 SW 4 St.
CITY-ST-ZIP	Hallandale, FL 33009
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ferguson, Madeleine
STREET ADDRESS	720 SW 24 Road
CITY-ST-ZIP	Miami, FL 33129
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diedel, Mary Linda
STREET ADDRESS	720 SW 24 Road
CITY-ST-ZIP	Miami, FL 33129
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: **X Mary L. Diedel** **Mary L. Diedel** **Director** **1/19/01** **305-860-5638**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)