

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91218 009 \*\*\*150.00

DOCUMENT # **PA6000067837**

1. Entity Name

**Community Homes Corp.**

Principal Place of Business: **11270 Island Lakes Lane Boca Raton, Fl. 33498**  
Mailing Address: **11270 Island Lakes Lane Boca Raton, Fl. 33498**

2. Principal Place of Business: **11725 Watercrest Lane Boca Raton, Fl. 33498**  
3. Mailing Address: **11725 Watercrest Lane Boca Raton, Fl. 33498**

City, Apt. #, etc.: **Boca Raton, Fl. 33498**

City & State: **33498**

Zip: **33498** Country:

4. FEI Number: **65-0685260** Applied For: **Not Applicable**

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

6. Name and Address of Current Registered Agent

**Guillermo Ferrer**  
**11270 Island Lakes Lane**  
**Boca Raton, Fl. 33498**

7. Name and Address of New Registered Agent

Name: **Guillermo Ferrer**  
Street Address (P.O. Box Number is Not Acceptable): **11725 Watercrest Lane**  
City: **Boca Raton, FL** Zip Code: **33498**

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:  **GUILLERMO FERRER** **4/26/01**  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>President</b>	<input type="checkbox"/> Delete	TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Guillermo Ferrer</b>		NAME	<b>Guillermo Ferrer</b>	
STREET ADDRESS	<b>11270 Island Lakes Lane</b>		STREET ADDRESS	<b>11725 Watercrest Lane</b>	
CITY-ST-ZIP	<b>Boca Raton, Fl. 33498</b>		CITY-ST-ZIP	<b>Boca Raton, Fl. 33498</b>	
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		
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)(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:  **GUILLERMO FERRER** **4/26/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)