FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State
09-18-2002 90056 023 ***550.00

DOCUMENT # P97000041998

1. Entity Name
First Choice Homes of Florida, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
P.O. Box 990508	Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Naples FL	City & State:	4. FEI Number: 65-0762662 ☐ Applied For ☐ Not Applicable
Zip: 34116 County: Collier	Zip: County:	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rafael Liy
Street Address (P.O. Box Number is Not Acceptable): 562 Gold Coast Court
City: Marco Island, FL Zip Code: 34145

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 _____ 9/3/02
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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rafael Liy - President 562 Gold Coast Court Marco Island, FL 34145	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Anahidia Leon 1448 Collingswood Ave Marco Island, FL 34145	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Anagenia Liy 1448 Collinswood Ave Marco Island, FL 34145	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
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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 on an attachment with an address, with all other like empowered.

Rafael Liy - President 9/3/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #