

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90478 019 ***150.00

DOCUMENT # P97000086325

1. Entity Name
INTELLI HOMES, CORP.



Principal Place of Business
**9612 SW 138TH AVE.
MIAMI FL 33186
US**

Mailing Address
**9612 SW 138TH AVE.
MIAMI FL 33186
US**

2. Principal Place of Business

9062 SW 162 PATH

Suite, Apt. #, etc.

3. Mailing Address

9062 SW 162 PATH

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33196

Country

USA

Zip

33196

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0786708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, ROBERTO
9612 SW 138TH AVE.
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

Roberto Fernandez

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

9062 SW 162 PATH

City

Miami Florida

FL

Zip Code

33196

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Roberto Fernandez**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/10/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ROBERTO	
STREET ADDRESS	9612 SW 138TH AVE.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GONZALEZ, CARLOS	
STREET ADDRESS	1080 NW 27TH CT	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRANADO, GABRIEL	
STREET ADDRESS	3340 NW 102 ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MARIA C	
STREET ADDRESS	9612 SW 138 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ Roberto	
STREET ADDRESS	9062 SW 162 PATH	
CITY-ST-ZIP	Miami Florida 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MARIA C.	
STREET ADDRESS	9062 SW 162 PATH	
CITY-ST-ZIP	Miami FL 33196	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Roberto Fernandez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/03
Date

305-216-5617
786-402-6647
Daytime Phone #

CR2E034 (10/02)