Ap 02-02 06:09p

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90138 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018332

1. Entity Name: PORTO FAMILY HOME SALES, INC.

DO NOT WRITE IN THIS SPACE

653099

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3011 NW 14TH ST.	3011 NW 14TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33125 Country	Zip: 33125 Country

4. FEI Number: 65-0815186 ☐ Applied For ☐ Not Applicable

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: PORTO, MARIO

Street Address (P.O. Box Number is Not Acceptable): 3011 NW 14TH ST

City: MIAMI FL Zip Code: 33125

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee Is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	D
NAME	PORTO, MARIO
STREET ADDRESS	3011 NW 14TH ST.
CITY-ST-ZIP	MIAMI FL 33125
TITLE	
NAME	
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CITY-ST-ZIP	

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C02E0346 (12/01)

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.

SIGNATURE: _____ 3/25/02 305-635-1239

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