2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000042884 Apr 23, 2000 8:00 am Secretary of State UNITED HOMES AT CORSICA, INC. 04-23-2000 90018 030 ***150.00 Mailing Address Principal Place of Business 7975 N.W. 154TH STREET 7975 N.W. 154TH STREET SUITE 400 SUITE 400 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016-5849 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0879215 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name___ HODKIN, PETER M Street Address (P.O. Box Number is Not Acceptable) One East Browns 2101 WEST COMMERCIAL BLVD., SUITE 4100 FORT LAUDERDALE FL 33309 Zip Code 3301 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MIJARES. ANTHONY JR NAME STREET ADDRESS STREET ADDRESS 7975 N.W. 154TH STREET, SUITE 400 CITY-ST-ZIP CITY-ST-7P MIAMI LAKES FL 33016 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME CARDOSO, SILVIO A NAME STREET ADDRESS 7975 N.W. 154TH STREET, SUITE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 ☐ Delete TITLE ☐ Change Addition TITLE Robert T. Briele NAME NAME STREET ADDRESS STREET ADDRESS 1975 NW 154 street # 400 CITY-ST-ZIP CITY-ST-ZIP Miami Lakes EL 33016 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

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