

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90124 009 \*\*\*150.00

**DOCUMENT # P98000101985**

1. Entity Name  
**2000 HOME IMPROVEMENT CORPORATION**

Principal Place of Business  
**12871 NW 8 ST.**  
**MIAMI FL 33182**

Mailing Address  
**12871 NW 8 ST.**  
**MIAMI FL 33182**

2. Principal Place of Business  
**8664 NW 1st**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7105 SW 8th**  
 Suite, Apt. #, etc. **103**

City & State  
**Miami FL**

City & State  
**Miami FL**

Zip  
**33126**

Country

Zip  
**33144**

Country

4. FEI Number **65-0880320**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**LESVI, AYALA**  
**12871 NW 8 ST.**  
**MIAMI FL 33182**

## 7. Name and Address of New Registered Agent

Name **AgudeLO ANA M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8664 N.W. 1st**  
 City **Miami** **FL** Zip Code **33126**

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]**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/26/02**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE  
 NAME **PD AGUDELO, ANA M** ☐ Delete  
 STREET ADDRESS **8664 N.W. 1 ST**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 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

**2/26/02** **(305) 226-3443**  
 Date Daytime Phone #

CR2E034 (9/01)