FILED

2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P99000 1. Entity Name AFFORDABLE HOME | ≅ Seci | Jul 05, 2000 8:00 am Secretary of State 06-09-2000 90014 021 ***150.00 | | | | |
|---|---|--|---|------------------------------|------------------------------|--|
| Principal Place of Business | Mailing Address | | | | | |
| 10980 BISCAYNE BLUD 10980 BISCAYNE BLUD | | | • | | | |
| MIAMI FL 33161 MIAMI FL 33161 | | | | | | |
| 2. Principal Place of Business 10980 BISCAYNE BLUD 3. Mailing Address 10980 BISCAYN | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State City & State MIAMI FL MIAMI FL | | | 4. FEI Number | <i>o</i> | oplied For lot Applicable | |
| Zip Country 33161 USA | Zip 3316/ | Country 6_1 | 5. Certificate of Status Desired | Fee Require | | |
| 6. Name and Address of Curren | it Registered Agent - | Name | 7. Name and Address of New | Registered Agent | | |
| JOSHE GLALLUD | | | JUSUL GAMAYO | | | |
| 30 NW 125 ST | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| N MIAMI FL 33161 | | 30 | 30 NW 125 ST | | | |
| | | City N | City NORTH MIAM FL Zip Goda 161 | | | |
| SIGNATURE Signature, typed or printed name of registered ager 9. This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so. (See criteria on back) | FILE NOW[] After MAY 1,200 Make Check Payabi | 0 Fee will be \$55 e to Department o | 10. Election Campaign Trust Fund Contribut | ion. | 00 May Be d to Fees | |
| 11. OFFICERS AND TITLE PRESIDENT | D DIRECTORS Delete | TITLE | ADDITIONS/CHANGES TO O | Change | | |
| NAME JUSHE GAMAYU STREET ADDRESS 30 NW 125-ST CITY-ST-ZIP NORTH MIAMI TO | _* | NAME STREET ADDRESS CITY-ST-ZIP | JOSHE GHMAYO | 2 33161 | cR2E034 (9/99 | |
| TITLE I | Delete | TITLE | | ☐ Change | ☐ Addition ○ | |
| NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | GHWAY 6. 33161 | NAME STREET AODRESS CITY-ST-ZIP | : | | | |
| TITLE NAME STREET ADDRESS | ☐ Delete | TITLE NAME STREET ADDRESS | | Change | Addition . | |
| CITY-SI-2IP | | CITY-S1-ZIP | | ☐ Change | - Addition | |
| TITLE NAME SIREET AUGRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | L.J. Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | | ☐ Chenge | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition | |
| 13. I hereby certify that the information supplied will indicated on this report or supplemental report of the corporation or the receiver or trustee empth changed, or on an attachment with an address. SIGNATURE: | is true and accurate and that my powered to execute this report as | r signature shall hav s required by Chapt | e the same legal effect as if made unde er 607, Florida Statutes; and that my na | r eath: that I am an officer | or director r Block 12 if | |