200 YUNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P99000022502 1. Entity Name CHOICE HOME BUYERS & INVESTMENT, INC. 04-20-2001 90167 027 ***150.00 Principal Place of Business Mailing Address 8362 PINES BLVD 8362 PINES BLVD # 380 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 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. FE! Number Applied For 65-0901359 Not Applicable Zip 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FL 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Addition ☐ Delete TITLE TITLE CASASNOVAS, ANGEL A NAME NAME STREET ADDRESS STREET ADDRESS 9715 WEST BROWARD BOULEVARD CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33354 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HOUSEKNECHT, KEITH A NAME 9715 WEST BROWARD BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33354 ☐ Addition ☐ Delete ^ TITLE ☐ Change TITLE HOUSEKNECHT, LORI NAME NAME STREET ADDRESS STREET ADDRESS 9715 WEST BROWARD BOULEVARD CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33354 ☐ Change TITLE ☐ Delete TITLE Addition BURNS, CHARLES R NAME NAME 9715 WEST BROWARD BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33354 Delete ☐ Change Addition TITLE TITLE 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