

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91214 022 \*\*\*150.00

**DOCUMENT # P99000050539**

1. Entity Name  
**ESTATE HOMES, INC.**



Principal Place of Business  
**1313 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33134**

Mailing Address  
**1313 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33134**

**11005279**



2. Principal Place of Business

3. Mailing Address

**12782 SW 218 TER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**MIAMI FLORIDA**

4. FEI Number

**65-0948677**

Applied For

Not Applicable

Zip

Country

Zip  
**33170**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RIVERO, MANUEL  
1313 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when withdrawing)

DATE

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **VPS DUARTE, PETER**  
STREET ADDRESS **2203 N.W. 23 AVENUE**  
CITY-STATE-ZIP **MIAMI, FL 33142**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  Delete  
NAME **P VINAS, ROBERTO**  
STREET ADDRESS **1313 PONCE DE LEON BLVD. #300**  
CITY-STATE-ZIP **CORAL GABLES, FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  Delete  
NAME **T HUBLEY, GROVER**  
STREET ADDRESS **2203 NW 23 AVENUE**  
CITY-STATE-ZIP **MIAMI, FL 33142**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE  Delete  
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TITLE  Delete  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

**PETER DURRIE**

**4/17/03**

**(305)258-5022**

PRINT NAME AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Original Phone #

CR2E034 (10/02)