## FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90236 029 \*\*\*150.00

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

**DOCUMENT #** 

P99000104309

1. Entity Name

BETTER HOMES	3 DEVELOPN	ient (	CORPO	DRATION
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Principal Place of Business 104 CRANDON BLVD		Mailing Address 104 CRANDON BLVD			* **	merit a T					
#401		#401				•					
MIAMI FL 33149			MIAMI FL 33149								
Principal Place of Business			g Address		1   1881  1801   118 181  181  181  181						
Suite, Apt. #, etc. Suite,			ite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State			4. FEI Numb	65-0972509		— <del>  —   — —</del>	plied For t Applicable		
Zip 	Country	Zip		Country		5. Certificate	e of Status Desired		8.75 Addi		
6. Nam	e and Address of Current	Registered	Agent			7. Name and	d Address of New R	egistered Aç	jent		
VILLEGAS, ELENA DIAZ				Name	Name						
12660 S.W. 8TH ST., SUITE 224			Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33184											
				City		FL Zip Code					
<ol> <li>The above named entithe obligations of regis</li> </ol>	ty submits this statement fo stered agent.	r the purpos	e of changing its re	gistered office or	registere	ed agent, or bo	oth, in the State of Flo	rida. I am fa	miliar with, a	and accept	
SIGNATURE											
Signature, type	d or printed name of registered agent	and title if applica	ble. (NOTE: R	egistered Agent signatu	re required	when reinstating)		DATE			
After May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State				l l	ection Campaign Finust Fund Contribution			May Be to Fees	
10, 🦸 -	OFFICERS AND DIRECTORS 11.			11.		ADDITIONS	/CHANGES TO OFF	ICERS AND [	DIRECTORS	IN 11	
TITLE V			☐ Delete	TITLE				ļ	Change	☐ Addition	
•	IE, DIANA G			NAME							
1 1	PETREE DR #410 CAYNE FL 33149	1	;	STREET ADDRESS CITY-ST-ZIP		1				}	
TITLE D	<del></del>		☐ Delete	TITLE	<u>'</u>		<del></del>		Change	Addition	
	s, elena diaz			NAME						)	
	. 94 STREET			STREET ADDRESS							
CITY-ST-ZIP MIAMI FL	33156			CITY-ST-ZIP			<del></del>				
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12. 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 empowerfed 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 like empowerfed.

SIGNATURE:

NAME

NAME

TITLE

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

786-252-5110

Daytime Phone #

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