

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90183 011 ***150.00

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| DOCUMENT # V46618 |
| 1. Entity Name CUTLER LAKES HOMES, INC. |

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| Principal Place of Business 2100 PONCE DE LEON BLVD. STE. 601 CORAL GABLES FL 33134 | Mailing Address 2100 PONCE DE LEON BLVD. STE. 601 CORAL GABLES FL 33134 |
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|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 4. FEI Number 65-0399858 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| FARRA, MIGUEL G. 2699 BAYSHORE DR MIAMI FL 33133 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
| <i>1001 Brickell Bay Drive</i> <i>9th Floor</i> <i>Miami, Fl. 33131</i> | |

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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|--|---|---|-------------|------------------------|-----------------------|---|--------------------|------------------------------|---|--------------|---|-------------|--|-----------------------|--|--------------------|--|
| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>TITLE</td><td>D <input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>GARCIA, RUBEN E</td></tr><tr><td>STREET ADDRESS</td><td>2100 PONCE DE LEON BLVD. STE 601</td></tr><tr><td>CITY-ST-ZIP</td><td>CORAL GABLES FL 33134</td></tr></table> | TITLE | D <input type="checkbox"/> Delete | NAME | GARCIA, RUBEN E | STREET ADDRESS | 2100 PONCE DE LEON BLVD. STE 601 | CITY-ST-ZIP | CORAL GABLES FL 33134 | <table border="1"><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table> | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | STREET ADDRESS | | CITY-ST-ZIP | |
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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 REQUIRED **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ **Daytime Phone #** _____

CR2E034 (9/01)