

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90023 044 ***150.00

DOCUMENT # V61021

1. Entity Name
AFFORDABLE DWELLINGS, INC.

714807



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business N.E. 36TH COURT. #7-E FL 33180 | Mailing Address 19355 N.E. 36TH COURT. #7-E AVENTURA FL 33180-2533 |
|--|--|

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|--|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | 4. FEI Number 65-0389341 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

VINOLY, GLADYS L.
19355 NE 36TH CT., #7-E
AVENTURA FL 33180

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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

ii. OFFICERS AND DIRECTORS

| | |
|---------------------------------|--|
| <input type="checkbox"/> Delete | D VINOLY, BRAULIO J. 19355 NE 36TH CT., #7-E AVENTURA FL 33180 |
| <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Delete | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|--|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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| <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP |

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: Braulio J. Vinoly **RECORDED** BRAULIO J. VINOLY January 5-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)