

**2000 UNIFORM BUSINESS REPORT (UBR)**

7/7/00

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90402 047 \*\*\*\*70.00

**DOCUMENT # N98000003439**

1. Entity Name

**THE HOUSING LEAGUE, INC.**

*R*

Principal Place of Business

Mailing Address

2601 S BAYSHORE DR.  
 STE 1225  
 MIAMI FL 33133

2601 S BAYSHORE DR.  
 STE 1225  
 MIAMI FL 33133-5412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0841175

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BYDASH, RUTH A  
 7762 MIRAMAR PKWY  
 MIRAMAR FL 33023

*delete*

7. Name and Address of New Registered Agent

Name **JERRY FLICK**

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

**2601 S. BAYSHORE DR. # 1225**

City **MIAMI**

FL

Zip Code **33133**

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 **JERRY FLICK**

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

(NOTE: Registered agent signature required when reinstating)

DATE

*7/27/00*

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMAS, FREIWALD 18040 NW 87 AVE. MIAMI FL 33015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYDASH, RUTH A 7762 MIRAMAR PKWY MIRAMAR FL 33023	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FREIWALD, THOMAS 18040 N.W. 87TH AVE. MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLICK, JERRY 2601 S. BAYSHORE DR. #1225 MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS 2601 S. BAYSHORE DR. #1225 MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLICK, JACQUELINE 2601 S. BAYSHORE DR. #1225 MIAMI, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

*JERRY FLICK*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/27/00*  
 Date

*305-859-8484*  
 Daytime Phone #

CR2E037 (9/99)