

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-12-2001 90499 042 ****70.00

DOCUMENT # N98000003495

1. Entity Name

1262 COOPERATIVE-MODEL HOUSING, INC.

Principal Place of Business

1262 N.W. 5TH STREET
 MIAMI FL 33125

Mailing Address

782 NW 42ND AVE
 #3
 MIAMI FL 33126

2. Principal Place of Business

1262 N.W. 5th Street

3. Mailing Address

782 N.W. 42nd Avenue

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

3

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0928086

Applied For

Not Applicable

Zip

33125

Country

Miami-Dade

Zip

33126

Country

Miami-Dade

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GODOY, ROBERTO A ESQ.
 782 M.W. LE JEUNE ROAD
 SUITE 3
 MIAMI FL 33126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	DVS GARCIA, RAFAEL 1262 N.W. 5TH STREET #1 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOPEZ, MARIA D 1262 N.W. 5TH STREET #2 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHAVEZ, GREGORIA 1262 N.W. 5TH STREET #3 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARMENATES, LAZARO 1262 N.W. 5TH STREET #4 MIAMI FL 33126 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LORENZO, ALEIDA 1262 N.W. 5TH STREET #5 MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GONZALEZ, INES M 1262 N.W. 5TH STREET #5 MIAMI FL 33126 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Rafael Garcia T/D 1262 N.W. 5th Street Apt.#1 Miami, FL 33125 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Maria D. Lopez S/D 1262 N.W. 5th Street Apt.#2 Miami, FL 33125 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Secretary Gregoria E. Chavez VS/D 1262 N.W. 5th Street Apt. # 3 Miami, Fla 33125 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Mercedes Rivera VP/D 1262 N.W. 5th Street Apt. # 4 Miami, Fla 33125 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Treasurer Aleida Lorenzo VT/D 1262 N.W. 5th Street Apt. #5 Miami, Fla 33125 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ines M. Gonzalez P/D 1262 N.W. 5th Street Apt. # 6 Miami, Fla 33125 <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 817, 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 empowered.

SIGNATURE:

Ines M. Gonzalez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)