2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90041 012 ****70.00

1. Entity Name

1262 COOPERATIVE-MODEL HOUSING, INC.

Principal Place of Business	Mailing Address
1262 N.W. 5TH STREET MIAMI FL 33125	782 NW 42ND AVE #3 MIAMI FL 33126

2. Principal Place of Business	3. Mailing Address
1262 N.W. 5th Street	782 N.W. Le Jeune Road
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. # 3
City & State Miami, Fla	City & State Miami, Fla
Zip 33125 Country Miami-Dade	Zip 33126 Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0928086 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GODOY, ROBERTO A ESQ. 782 M.W. LE JEUNE ROAD SUITE 3 MIAMI FL 33126	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TD NAME GARCIA, RAFAEL STREET ADDRESS 1262 N.W. 5TH STREET #1 CITY-ST-ZIP MIAMI FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME LOPEZ, MARIA D STREET ADDRESS 1262 N.W. 5TH STREET #2 CITY-ST-ZIP MIAMI FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VSD NAME CHAVEZ, GREGORIA STREET ADDRESS 1262 N.W. 5TH STREET #3 CITY-ST-ZIP MIAMI FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DV NAME RIVERA, MERCEDES STREET ADDRESS 1262 N.W. 5TH STREET #4 CITY-ST-ZIP MIAMI FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VTD NAME LORENZO, ALEIDA STREET ADDRESS 1262 N.W. 5TH STREET #5 CITY-ST-ZIP MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME GONZALEZ, INES M STREET ADDRESS 1262 N.W. 5TH STREET #5 CITY-ST-ZIP MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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 all other like empowered.

SIGNATURE: Ines M.Gonzalez 01/10/2002 305-445-8150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)