

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90050 005 \*\*\*\*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**

**20017846**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1262 N.W. 5th Street**

3. Mailing Address  
**782 N.W. LeJeune Road**

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD**  Delete  
NAME **GARCIA, RAFAEL**  
STREET ADDRESS **1262 N.W. 5TH STREET #1**  
CITY-ST-ZIP **MIAMI FL 33125**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **LOPEZ, MARIA D**  
STREET ADDRESS **1262 N.W. 5TH STREET #2**  
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **SD**  Change  Addition  
NAME **Higinio Lopez**  
STREET ADDRESS **1262 N.W. 5th St. Apart. #2**  
CITY-ST-ZIP **Miami, Fla 33125**

TITLE **VSD**  Delete  
NAME **CHAVEZ, GREGORIA**  
STREET ADDRESS **1262 N.W. 5TH STREET #3**  
CITY-ST-ZIP **MIAMI FL 33125**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV**  Delete  
NAME **RIVERA, MERCEDES**  
STREET ADDRESS **1262 N.W. 5TH STREET #4**  
CITY-ST-ZIP **MIAMI FL 33125**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VTD**  Delete  
NAME **LORENZO, ALEIDA**  
STREET ADDRESS **1262 N.W. 5TH STREET #5**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Delete  
NAME **GONZALEZ, INES M**  
STREET ADDRESS **1262 N.W. 5TH STREET #5**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 2003

305-445-8150

CR2E037 (10/02)