

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 04, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000006704**

1. Entity Name  
**AFFORDABLE HOUSING GROUP, INC.**

Principal Place of Business 19545 NW 2ND AVE  MIAMI FL 331693335	Mailing Address 19545 NW 2ND AVE  MIAMI FL 331693335
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2. Principal Place of Business 5632 JOHNSON STREET Suite, Apt. #, etc.	3. Mailing Address 5632 JOHNSON STREET Suite, Apt. #, etc.
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City & State HOLLYWOOD FL	City & State HOLLYWOOD FL	4. FEI Number <b>65-1021618</b>	Applied For Not Applicable
Zip 330215632	Country US	Zip 330215632	Country US

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

ETSUBNEH JENNIFER  
 19545 NW 2ND AVE  
 MIAMI FL 331693335

**7. Name and Address of New Registered Agent**

Name  
**GOODRICH STUART N**  
 Street Address (P.O. Box Number is Not Acceptable)  
 5632 JOHNSON STREET  
 City  
**HOLLYWOOD FL** Zip Code  
 330215632

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 **STUART N. GOODRICH** **05/04/2001**  
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	ID SHECTER ALLAN 19545 NW 2ND AVE MIAMI FL 331693335	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ETSUBNEH JENNIFER 19545 NW 2ND AVE MIAMI FL 331693335	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODRICH STUART N 19545 NW 2ND AVE MIAMI FL 331693335	<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	ID SHECTER ALLAN 5632 JOHNSON STREET HOLLYWOOD FL 330215632	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ETSUBNEH JENNIFER 5632 JOHNSON STREET HOLLYWOOD FL 330215632	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODRICH STUART N 5632 JOHNSON STREET HOLLYWOOD FL 330215632	<input checked="" type="checkbox"/> Change <input 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
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 all other like empowered.

**SIGNATURE: STUART N. GOODRICH PD 05/04/2001**

CR2E037 (11/00)