#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008864

Entity Name: HOUSING AND ASSISTIVE TECHNOLOGY, INC.

FILED
Jan 29, 2019
Secretary of State
9886959681CC

# **Current Principal Place of Business:**

2000 TOWERSIDE TERRACE SUITE 505

MIAMI, FL 33138

# **Current Mailing Address:**

2000 TOWERSIDE TERRACE, #505 MIAMI, FL 33138

FEI Number: 04-3777501 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

KOFSKY, BETH J 2000 TOWERSIDE TERRACE #505 MIAMI, FL 33138 US

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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title D, Title D

NameFARRAN, JR., VICTORNameOSTROWSKI, DALEAddress8141 NW 47TH COURTAddress1130 NE 100 STREETCity-State-Zip:LAUDERHILL FL 33351City-State-Zip:MIAMI FL 33138

Title D Title I

Name PRIME, CARL L Name CHEUNG, MARILYN

Address 209 FLORIDA AVENUE Address 9610 E CALUSA CLUB DRIVE

City-State-Zip: CORAL GABLES FL 33131 City-State-Zip: MIAMI FL 33186

Title D Title

NameCESARANO, MICHAELNameDU PRE, ELLYAddress815 DILIDO DRIVEAddress1641 NW 2ND AVE

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: FT. LAUDERDALE FL 33311

Title PRESIDENT
Name KOFSKY, BETH J

Address 2000 TOWERSIDE TERRACE, #505

City-State-Zip: MIAMI FL 33138

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BETH KOFSKY PRESIDENT 01/29/2019

Electronic Signature of Signing Officer/Director Detail

Date