

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

03-27-2001 90005 025 ****70.00

DOCUMENT # 741498

1. Entity Name

MIAMI BEACH HOUSING, INC.

Principal Place of Business

150 ALTON ROAD
MIAMI FL 33139

Mailing Address

150 ALTON ROAD
MIAMI FL 33139

2. Principal Place of Business

200 Alton Rd

3. Mailing Address

200 Alton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-0603186

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

33139

Dade

33139

Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOEMAN, LARRY
200 ALTON ROAD
MIAMI BEACH FL 33139

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 PD Delete
NAME MCGUFFIN, NEIL
STREET ADDRESS 547 N.E. 58TH STREET
CITY-ST-ZIP MIAMI FL 33184

TITLE Executive Director Change Addition
NAME Larry Shoeman
STREET ADDRESS 200 Alton Rd.
CITY-ST-ZIP Miami Beach, FL 33139

TITLE ~~TD~~ Delete
NAME BARRIOS, ROLANDO
STREET ADDRESS 915 SW 102 AVENUE
CITY-ST-ZIP MIAMI FL 33174

TITLE Chief Financial Officer Change Addition
NAME Richard Kugler
STREET ADDRESS 7490 SW 173 Terr.
CITY-ST-ZIP Miami, FL 33157

TITLE SD Delete
NAME SAMSOE, LINDA
STREET ADDRESS 65 NW 105TH ST.
CITY-ST-ZIP MIAMI SHORES FL

TITLE MIS Director Change Addition
NAME Matthew Garwick
STREET ADDRESS 1020 Meridian Ave #601
CITY-ST-ZIP Miami Beach, FL 33139

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

Date

(305) 532-6401

Daytime Phone #

CR2E037 (10/00)