2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

FILED **DOCUMENT # 742094** Feb 16, 2000 8:00 am Secretary of State 1. Entity Name THE HOUSING FINANCE CORPORATION OF FORT LAUDERDA 02-16-2000 90064 015 ****61.25 Principal Place of Business Mailing Address 2 WATERWAY CT 2 WATERWAY CT TOWSON MD 21286-4439 TOWSON MD 21286 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-1553621 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. EMERALD LAKE CORPORATE PARK 3111 STIRLING ROAD City Zip Code FL FT. LAUDERDALE FL 33310 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Change ☐ Addition TITLE ☐ Delete RUBINO, ANTHONY P. NAME STREET ADDRESS STREET ADDRESS 2 WATERWAY CT APT 3C CITY-ST-ZIP CITY-ST-7IP TOWSON MD 21286 ☐ Addition ☐ Change **VPD** TITLE Detete TITLE NAME NAME RUBINO, LOIS E. STREET ADDRESS STREET ADDRESS 2 WATERWAY CT APT 3C CITY-ST-7IF CITY-ST-ZIP TOWSON MD 21286 ☐ Delete Change ☐ Addition TD-TITLE TITLE RUBINO, ANTHONY P. NAME NAME STREET ADDRESS STREET ADDRESS 2 WATERWAY CT APT 3C CITY-ST-ZIP CITY-ST-7IP TOWSON MD 21286 ☐ Addition SD TITLE Change TITLE ☐ Delete NAME RUBINO, ROBERT M. NAME STREET ADDRESS 2 WATERWAY CT APT 3C STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TOWSON MD 21286 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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