

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742948

1. Entity Name

DADE SENIOR CITIZENS MINORITY HOUSING CORPORATIO

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90203 002 ****61.25

Principal Place of Business 2350 N W 54TH STREET MIAMI FL 33142	Mailing Address 2350 N W 54TH STREET MIAMI FL 33142-2964
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 4300 N. UNIVERSITY DRIVE Suite, Apt. #, etc. SUITE D-106
City & State	City & State LAUDERHILL, FL
Zip Country	Zip 33351 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1195276	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BANGOR, FRANK C 4300 N UNIVERSITY DR STE D-106 LAUDERHILL FL 33351	7. Name and Address of New Registered Agent Name ERICA SCHMELZER Street Address (P.O. Box Number is Not Acceptable) 4300 N. UNIVERSITY DRIVE SUITE D-106 City LAUDERHILL FL Zip Code 33351
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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 *Erica Schmelzer* DATE 2/4/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOURPIAS, GEORGE J 1921 CHAPEL HILL RD SILVER SPRINGS FL 20906 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROTULIS, STEVE 9422 CLOCKTOWER LANE COLUMBIA MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEAUSEN, GENEROSA C 7209 POMPANO TERR GAITHERSBURG MD 20879 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLAYTER, BILL E 900 DANA DRIVE SHELTON WA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, LUCIUS 3110 NW 49TH ST MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBE, RAUL R 9380 SW 62ND ST MIAMI FL 33173 <input type="checkbox"/> Delete	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)(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: *Steve Proutlis* DATE 2/7/00 DAYTIME PHONE # 301-578-8849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)