

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91620 026 ****61.25

DOCUMENT # 742948

1. Entity Name

**DADE SENIOR CITIZENS MINORITY HOUSING CORPORATIO
N, INC.**

Principal Place of Business

**2350 N W 54TH STREET
MIAMI FL 33142**

Mailing Address

**4300 N UNIVERSITY DRIVE
SUITE D-106
LAUDERHILL FL 33351**

2. Principal Place of Business

3. Mailing Address

1580 Sawgrass Corp. Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#210

City & State

**City & State
Sunrise, Fl.**

4. FEI Number

52-1195276

Applied For

Not Applicable

Zip

Country

Zip

Country

33323

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHMELZER, ERICA
4300 N UNIVERSITY DR
STE D-106
LAUDERHILL FL 33351**

Name

Street Address (P.O. Box Number is Not Acceptable)

1580 Sawgrass Corporate Parkway

Suite # 210

City

Sunrise, Fl.

FL

Zip Code
33323

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 **KOURPIAS, GEORGE J**
STREET ADDRESS **1921 CHAPEL HILL RD**
CITY-ST-ZIP **SILVER SPRINGS FL 20906**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ Delete
NAME **PROTULIS, STEVE**
STREET ADDRESS **9422 CLOCKTOWER LANE**
CITY-ST-ZIP **COLUMBIA MD**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **1580 Sawgrass Corporate Parkway,**
CITY-ST-ZIP **Sunrise, Fl. 33323 Suite #210**

TITLE **SD** ☐ Delete
NAME **DEAUSEN, GENEROSA C**
STREET ADDRESS **7209 POMPANO TERR**
CITY-ST-ZIP **GAITHERSBURG MD 20879**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☐ Delete
NAME **HOLAYTER, BILL**
STREET ADDRESS **E 900 DANA DRIVE**
CITY-ST-ZIP **SHELTON WA**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **DUBE, RAUL R**
STREET ADDRESS **9380 SW 62ND ST**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

954-835-9200

Date

Daytime Phone #

CR2E037 (9/01)