

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90053 037 \*\*\*\*61.25

**DOCUMENT # 757185**

1. Entity Name

**D. A. R. C. HOUSING, INC.**

Principal Place of Business

Mailing Address

5555 BISCAYNE BLVD  
 MIAMI FL 33137  
 US

5555 BISCAYNE BLVD  
 MIAMI FL 33137  
 US

**711314**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2101518**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SLACHTER, DAVID**  
**15500 NEW BARN ROAD**  
**LAUREL COURT SUITE 105**  
**MIAMI LAKES FL 33014**

Name  
 Street Address (R.O. Box Number is Not Acceptable)  
**14830 Dade Pine Ave.**  
 City **Miami Lakes, FL** FL Zip Code **33014**

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

**David Slachter**

**1/30/01**

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	VD	<input type="checkbox"/> Delete
NAME	<b>KIRSH, WILLIAM D</b>	
STREET ADDRESS	<b>2535 REGATTA</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>SLACHTER, DAVID</b>	
STREET ADDRESS	<b>15500 NEW BARN ROAD STE 105</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>MAGOLNICK, RENA</b>	
STREET ADDRESS	<b>7853 SW 112 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>REED, BEN</b>	
STREET ADDRESS	<b>1800 SW 84TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>SLAZAR, HELEN</b>	
STREET ADDRESS	<b>6100 SW 84 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Slachter, David</b>	
STREET ADDRESS	<b>14830 Dade Pine Ave.</b>	
CITY-ST-ZIP	<b>Miami Lakes, FL.</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

**Secretary** **1/30/01**

**305-883-8420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)