

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25343**

1. Entity Name

FLORIDA HOUSING GROUP, LTD

FILED

00 JAN 13 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5617 NW 7TH ST. MIAMI FL 33126	Mailing Address C/O WOLSON & STARKMAN 1500 SAN REMO AVE., #125 CORAL GABLES, FL 33146-3041
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0038431	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STARKMAN, MARK R 1500 SAN REMO AVE., #125 CORAL GABLES FL 33146
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$3,200,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	HERNANDEZ, MAURO	CITY - ST - ZIP	
STREET ADDRESS	5617 NW. 7TH STREET		
CITY - ST - ZIP	MIAMI FL 33126		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	WOLFSON, BERNARD	CITY - ST - ZIP	
STREET ADDRESS	2800 SW 28TH TERRACE		
CITY - ST - ZIP	MIAMI FL 33133		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:	Date: 1/10/00	Daytime Phone #: 305-661-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		