

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25343**

1. Entity Name

FLORIDA HOUSING GROUP, LTD

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**

FILED

02 MAR 11 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

1508 San Ignacio Ave.

Suite, Apt. #, etc.

Suite 150

City & State

Coral Gables FL

Zip

33146

Country

US

3. Mailing Address

1508 San Ignacio Ave.

Suite, Apt. #, etc.

Suite 150

City & State

Coral Gables FL

Zip

33146

Country

US

DUE BY MAY 1, 2002

4. FEI Number

65-0038431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STARKMAN, MARK R
1500 SAN REMO AVE., #125
CORAL GABLES FL 33146**

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

Signature, typed or printed name of registered agent and title if applicable.

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

**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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HERNANDEZ, MAURO
5617 NW. 7TH STREET
MIAMI FL 33126**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WOLFSON, BERNARD
2800 SW 28TH TERRACE
MIAMI FL 33133**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900005108429--2

-03/14/02--01057--023

******526.25 ****526.25**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/20/02 305-661-1230

Daytime Phone #

0010127 AT

CR2E003 (9/01)

STAPLE CHECK HERE