

2002 UNIFORM BUSINESS REPORT (UBR)

0007162

DOCUMENT # N01000000554

1. Entity Name

MDHA DEVELOPMENT CORPORATION

FILED

02 JUL 22 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1401 NW 7 ST
MIAMI FL 33125

1401 NW 7 ST
MIAMI FL 33125

2. Principal Place of Business

3000 N.W. 32 Avenue

3. Mailing Address

3000 N.W. 32 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33142

Country

U.S.A.

Zip

33142

Country

U.S.A.

4. FEI Number 65-1138910

☒ Applied For
☐ Not Applicable

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

WASHINGTON, LYNN C
C/O HOLLAND & KNIGHT
701 BRICKELL AVE, STE 2800
MIAMI FL 33131

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	D/P/C	<input type="checkbox"/> Delete
NAME	Rodriguez, Rene	
STREET ADDRESS	1401 N.W. 7th Street	
CITY-ST-ZIP	Miami, FL 33125	
TITLE	D/V/T	<input type="checkbox"/> Delete
NAME	Brewster, Alphonso K.	
STREET ADDRESS	1401 N.W. 7th Street	
CITY-ST-ZIP	Miami, FL 33125	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	Duffie, Alben	
STREET ADDRESS	6013 NW 7 Avenue, 2nd Floor	
CITY-ST-ZIP	Miami, FL 33127	
TITLE	D	<input type="checkbox"/> Delete
NAME	Elfenbein, Pamela	
STREET ADDRESS	Ctr on Aging--FIU--AC1-234	
CITY-ST-ZIP	3000 N.E. 151 St., N.Miami, FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	Jordan, Barbara	
STREET ADDRESS	111 N.W. 1 Street, Suite 2910	
CITY-ST-ZIP	Miami, FL 33128	
TITLE	D	<input type="checkbox"/> Delete
NAME	Olmedillo, Guillermo	
STREET ADDRESS	6840 S.W. 130 Terrace	
CITY-ST-ZIP	Miami, FL 33156	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen Desmond Fuller	
STREET ADDRESS	201 Alhambra Circle, SunTrust Plaza(602)	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400006879194--2	
CITY-ST-ZIP	-08/02/02--01057--011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	*****70.00 *****70.00	
CITY-ST-ZIP		
TITLE		<input 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)(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 REQUIRED

7/18/02

CR2E037 (4/02)