

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90104 016 ****70.00

DOCUMENT # N09197

1. Entity Name

PENINSULA HOUSING DEVELOPMENT INC., IV

Principal Place of Business

Mailing Address

% GUARIONE M. DIAZ
300 SW 12TH AVE., STE.A. 3RD FLOOR
MIAMI FL 33130
US% GUARIONE M. DIAZ
300 S.W. 12TH AVE., STE.A. 3RD FLOOR
MIAMI FL 33130
US

980834



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 **59-2529232**

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

DIAZ, GUARIONE M.
1223 SW 4TH STREET
MIAMI FL 33135

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 PD ☐ Delete
NAME DIAZ, GUARIONE M.
STREET ADDRESS 300 SW 12 AVE STE "A"
CITY-ST-ZIP MIAMI FLTITLE D ☐ Change ☒ Addition
NAME FABREGAS, JOSE
STREET ADDRESS 1223 SW 4 ST
CITY-ST-ZIP MIAMI, FL 33135TITLE SD ☒ Delete
NAME BECKER, ALINA E
STREET ADDRESS 300 SW 12 AVE STE "A"
CITY-ST-ZIP MIAMI FLTITLE SD ☐ Change ☒ Addition
NAME SANTANA, CRISTINA
STREET ADDRESS 1223 SW 4 ST
CITY-ST-ZIP MIAMI, FL 33135TITLE TD ☐ Delete
NAME SWITZER, RAQUEL C
STREET ADDRESS 1390 S DIXIE HWY, #1108
CITY-ST-ZIP CORAL GABLES FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VPD ☐ Delete
NAME PAZOS, ANDRES
STREET ADDRESS 300 S. W. 12 AVENUE, THIRD FLOOR
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CD ☒ Delete
NAME DE GOYTISOLO, AUGSTIN
STREET ADDRESS 1000 BRICKELL AVE, #660
CITY-ST-ZIP MIAMI FLTITLE D ☐ Change ☒ Addition
NAME GALAN, JUAN
STREET ADDRESS 1223 SW 4 ST
CITY-ST-ZIP MIAMI FL 33135TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Change ☒ Addition
NAME BARRETO, MARILENA
STREET ADDRESS 1223 SW 4 ST
CITY-ST-ZIP MIAMI FL 33135

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

CR2E037 (4/02)