

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90153 036 ****61.25

DOCUMENT # N12533

1. Entity Name

PHOENIX HOUSING FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11105 SW 200 Street

Suite, Apt. #, etc.

311

3. Mailing Address

11105 SW 200 Street

Suite, Apt. #, etc.

311

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL 33157

City & State

Miami, FL 33157

4. FEI Number

59-2709344

Applied For

☐ Not Applicable

Zip

33157

Country

Miami-Dade

Zip

33157

Country

Miami-Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent:

Name

Scott Calvin

Street Address (P.O. Box Number is Not Acceptable)

11105 SW 200 Street

311

City

Miami

FL

Zip Code

33157

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE	PD
NAME	Scott Calvin
STREET ADDRESS	11105 SW 200 Street #311
CITY - ST - ZIP	Miami, FL 33157
TITLE	SD
NAME	Walker Joey
STREET ADDRESS	18326 NW 44 Place
CITY - ST - ZIP	Miami, FL 33055
TITLE	TD
NAME	Dobovan Delvin
STREET ADDRESS	30055 SW 158th Court
CITY - ST - ZIP	Homestead, FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)