2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State
07-01-2002 90319 001 ***857.50

DOCUMENT # N20792

1. Entity Name

MIAMI VOA ELDERLY HOUSING, INC.

Principal Place of Business	Mailing Address
11495 W. FLAGLER STREET MIAMI FL 33174 US	VOA NATIONAL SERVICES 1660 DUKE ST ALEXANDRIA VA 22314-3427 US

95601

DO NOT WRITE IN THIS SPACE

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 58-1777367 ☐ 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
C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORMAN, JOHN H. 3100 DIVISION ST METAIRIE LA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PNVD Charles Gould 1660 Duke St. Alexandria VA 22314	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PNVD DADJOU, SHAHAB 1660 DUKE ST ALEXANDRIA VA 22314-3427	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D George Knight 2181 Jamieson Ave #1003 Alexandria VA 22314	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STNV PATTERSON, RON 7530 MARKET PLACE DR EDEN PRAIRIE MN 55344	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Larry Schedler 3900 N. Causeway Blvd. #1424 Metairie LA 70002	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLEY, PATRICK C 2721 DIVISION ST METAIRIE LA 70002	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Karl Zollinger 3201 Highway 190 Mandeville LA	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FASTERLING, CHARLES W 2955 RIDGELAKE DR METAIRIE LA 70002	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Keith Weatherspoon 5116 Wilson Bridge Dr. #A-1 Oxon Hill MD 20745	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PERKINS, THOMAS P 1000 HOWARD AVE SUITE 100 NEW ORLEANS LA 70113	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Ron Patterson REQUIRED Ron Patterson 6/18/02 703-341-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #