

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N29076**

1. Entity Name

**HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE, INC.**

07-12-2000 90006 031 \*\*\*\*61.25  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP -5 PM 3:21

Principal Place of Business  
**18441 N.W. 2<sup>ND</sup> AVENUE  
SUITE 218  
MIAMI FL 33169  
US**

Mailing Address  
**18441 N.W. 2<sup>ND</sup> AVENUE  
SUITE 218  
MIAMI FL 33169  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0108794**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THOMPSON, WILLIAM, JR.  
18441 N.W. 2<sup>ND</sup> AVENUE  
SUITE 218  
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name  
**THOMPSON, WILLIAM, JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**18441 N.W. 2<sup>ND</sup> AVENUE  
SUITE 218**  
City  
**MIAMI** **FL** Zip Code  
**33169**

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

*William Thompson, Jr.*  
Signature, typed or printed name of registered agent and date if applicable.

**WILLIAM THOMPSON, JR.**

(NOTE: Registered Agent signature required when reinstating)

**6/22/00**  
DATE

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CD	GARMAN, MELANIE H	220 ALHAMBRA CIRCLE	CORAL GABLES, FL 33134	<input checked="" type="checkbox"/>
VC	BANCROFT, NORMA	12821 S.W. 115th TERRACE	MIAMI, FL 33186	<input type="checkbox"/>
TD	KENNEDYS, KARL D	1205 DREXEL AVE., 2nd FLOOR	MIAMI BEACH, FL 33139	<input type="checkbox"/>
SD	VASHTYE, LEON	200 ALTON ROAD	MIAMI BEACH, FL 33139	<input type="checkbox"/>
PCEO	THOMPSON, WILLIAM JR	18441 N.W. 2nd AVENUE, STE. 218	MIAMI, FL 33169	<input type="checkbox"/>
				<input type="checkbox"/>

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:

*William Thompson, Jr.*

**WILLIAM THOMPSON, JR. 6/22/00 (305) 651-4678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

AD