

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90027 019 ****70.00

DOCUMENT # N29076

1. Entity Name

HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE IN

Principal Place of Business

Mailing Address

18441 N.W. 2ND AVENUE
 SUITE 218
 MIAMI FL 33169
 US

18441 N.W. 2ND AVENUE
 SUITE 218
 MIAMI FL 33169
 US

HH059032



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

65-0108794

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

THOMPSON, WILLIAM, JR
 18441 N.W. 2ND AVENUE
 SUITE 218
 MIAMI FL 33169

Name THOMPSON, WILLIAM, JR.

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

18441 N.W. 2nd 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* WILLIAM THOMPSON, JR. 5/23/01

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

(NOT 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 CD ☐ Delete
 NAME GARMAN, MELANIE H
 STREET ADDRESS 220 ALHAMBRA CIRCLE
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VC ☐ Delete
 NAME BANCROFT, NORMA
 STREET ADDRESS 12821 S.W. 115TH TERRACE
 CITY-ST-ZIP MIAMI FL 33186

TITLE ☒ Change ☐ Addition
 NAME VC
 STREET ADDRESS BANCROFT, NORMA
 CITY-ST-ZIP 15037 SW 141ST TERRACE
 MIAMI FL 33196

TITLE TD ☐ Delete
 NAME KENNEDYS, KARL D
 STREET ADDRESS 1205 DREXEL AVE., 2ND FLOOR
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME VASHTYE, LEON
 STREET ADDRESS 200 ALTON ROAD
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
 NAME SD
 STREET ADDRESS SALICHS, SUZANNE
 CITY-ST-ZIP 3300 NW 32ND AVENUE, SUITE 207
 MIAMI FL 33142

TITLE PCEO ☐ Delete
 NAME THOMPSON, WILLIAM JR
 STREET ADDRESS 18441 N.W. 2ND AVENUE
 CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *William Thompson* WILLIAM THOMPSON, JR. 5/23/01 (305)651-4673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)