## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N29793** 1. Entity Name PENINSULA HOUSING DEVELOPMENT INC. V 03 MAY - 1 AM II: 06 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 300 SW 12TH AVENUE 300 SW 12TH AVENUE THIRD FLOOR THIRD FLOOR MIAMI FL 33130 MIAMI FL 33130 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEl Number 65-0090884 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIAZ, GUARIONE M. Street Address (P.O. Box Number is Not Acceptable) 1223 SW 4TH ST **MIAMI FL 33135** City 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 DATE Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 ш Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP Change Addition TITLE ☐ Delete TITLE DIAZ, GUARIONE M. NAME NAME 1223 SW 4TH ST. STREET ADDRESS STREET ADDRESS 9000178237 CITY-ST-ZIP 05/01/03--01049--015 **\*\*61.25** CITY-ST-7IP MIAMI FL \$3135 ☐ Change Addition TITLE ☐ Delete TITLE BECKER, ALINA E. NAME NAME 1223 SW 4TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM) FL 33135 Change ☐ Addition TITLE TITLE NAME SWITZER, RAQUEL NAME 1223 SW 4TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33135 VPD** Change ☐ Addition TITLE TITLE PAZOS, ANDRES NAME NAME STREET ADDRESS STREET ADDRESS 1223 SW 4TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135 Change Addition TITLE Delete TITLE DE GOYTISOLO, AUSTIN NAME NAME STREET ADDRESS 1223 SW 4TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135 SD ☐ Change Addition TITLE ☐ Delete TITLE BARRETO, MARIELENA NAME NAME 1223 SW 4TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33135** CITY-ST-7IP

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 true are 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 indicate of the corporation of the receiver or true are empowered.

SIGNATURE:

DTURE REQUIRED

04-24-2003

305-642-3634

(H2E037 (10/02)

## **NAME**

## **ADDRESS**

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