

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30051

1. Entity Name

HARVEST FLORIDA HOUSING FOUNDATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90085 019 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 278 HOMESTEAD FL 33030	P.O. BOX 278 HOMESTEAD FL 33030

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0149303	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CARRERA, EDMUND 29355 S. FEDERAL HWY HOMESTEAD FL 33030

7. Name and Address of New Registered Agent		
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
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	DELEON, ARTURO
STREET ADDRESS	25700 SW 212 AVE
CITY-ST-ZIP	HOMESTEAD FL
TITLE	D <input type="checkbox"/> Delete
NAME	CHAMBER, WILLIAM
STREET ADDRESS	1221 NW 19TH STREET
CITY-ST-ZIP	HOMESTEAD FL
TITLE	D <input type="checkbox"/> Delete
NAME	ZAMARIPPA, MARBELIA
STREET ADDRESS	15711 SW 290 TERR H 309
CITY-ST-ZIP	HOMESTEAD FL
TITLE	P <input type="checkbox"/> Delete
NAME	ALGER, RICHARD
STREET ADDRESS	18001 SW 285TH STREET
CITY-ST-ZIP	HOMESTEAD FL
TITLE	D <input type="checkbox"/> Delete
NAME	JENSEN, ROBERT
STREET ADDRESS	1550 N KROME AVE
CITY-ST-ZIP	HOMESTEAD FL
TITLE	D <input type="checkbox"/> Delete
NAME	CARRERA, EDMUND
STREET ADDRESS	29355 S FEDERAL HWY
CITY-ST-ZIP	HOMESTEAD FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zamarippa, Marbelia
STREET ADDRESS	1352 SE 11 PL
CITY-ST-ZIP	Homestead, FL 33035
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alger, Richard
STREET ADDRESS	18001 SW 285 ST
CITY-ST-ZIP	Homestead, FL 33030
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jensen, Robert
STREET ADDRESS	1550 N. Krome AVE
CITY-ST-ZIP	Homestead, FL 33030
TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carrera, Edmund
STREET ADDRESS	29355 S Federal Hwy
CITY-ST-ZIP	Homestead, FL 33030

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: <i>Edmund Carrera</i>	4/25/00	(305) 247-0639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E037 19/99