

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

0041355

**DOCUMENT # N30674**

1. Entity Name

**HABITAT FOR HUMANITY OF GREATER MIAMI, INC.**

04-27-2001 90292 033 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

9350 S. DADELAND BLVD. SUITE #200  
 MIAMI FL 33156  
 US

9350 S. DADELAND BLVD. SUITE #200  
 MIAMI FL 33156  
 US

645918



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0108974

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MANNING, ANNE E**  
**9350 S DADELAND BLVD #200**  
**MIAMI FL 33156**

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 PD  Delete  
 NAME MCCANN, CATHERINE  
 STREET ADDRESS 5820 S.W. 87TH STREET  
 CITY-ST-ZIP MIAMI FL 33143

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME EASTON, AMY  
 STREET ADDRESS ~~60 CASUARINA CONCOURSE~~  
 CITY-ST-ZIP ~~CORAL GABLES FL 33143~~

TITLE UPO  Change  Addition  
 NAME EASTON, Amy  
 STREET ADDRESS 18 HARBOR POINT  
 CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE VPD  Delete  
 NAME BABCOCK, CALVIN  
 STREET ADDRESS ~~300 GREGG AVENUE~~  
 CITY-ST-ZIP ~~MIAMI FL 33146~~

TITLE UPO  Change  Addition  
 NAME BABCOCK, CALVIN  
 STREET ADDRESS 1773 NW 79 AVE  
 CITY-ST-ZIP MIAMI FL 33126

TITLE TD  Delete  
 NAME PADRON, TONI  
 STREET ADDRESS ~~6941 S.W. 108TH AVENUE~~  
 CITY-ST-ZIP ~~MIAMI FL 33136~~

TITLE TD  Change  Addition  
 NAME Sigarrata, Augusto  
 STREET ADDRESS 220 ALHAMBRA CIRCLE  
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE SD  Delete  
 NAME PRADO, ANTONIO  
 STREET ADDRESS 13920 S.W. 47TH STREET  
 CITY-ST-ZIP MIAMI FL 33186

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME ASKINS, GAIL BIRKS  
 STREET ADDRESS 9821 S.W. 165 TERRACE, SUITE ONE  
 CITY-ST-ZIP MIAMI FL 33157

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: *Catherine McCann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

Date

305-670-2224

Daytime Phone #

CR2E037 (10/00)