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

DOCUMENT # N32025 04-28-2003 91412 007 ****61.25 AFFORDABLE HOUSING SITES, INC. Principal Place of Business Mailing Address 7870 N.W. 11TH PLACE 7870 N.W. 11TH PLACE PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0136702 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COR, IRA L Street Address (P.O. Box Number is Not Acceptable) 7870 N.W. 11TH PLACE PLANTATION FL 33322 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS SD TITLE Delete TITLE ☐ Addition COR. BESS NAME NAME 2001 GRENADA DRIVE, #A-1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE COR, IRA L NAME NAME 7870 N.W. 11TH PLACE. STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE COR, TINA NAME NAME 7870 N.W. 11TH PLACE STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ■ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

REQUIREDTra L. Cor 4/23/03 (954)7978000

FILED Apr 28, 2003 8:00 am Secretary of State