

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90168 010 ****61.25

DOCUMENT # N36971

1. Entity Name

FLORIDA HOUSING COOPERATIVE ASSOCIATION BUILDING

Principal Place of Business

% CARLOS RODRIGUEZ-QUESADA
 900 SW 22 AVE
 MIAMI FL 33135

Mailing Address

% CARLOS RODRIGUEZ-QUESADA
 900 SW 22 AVE
 MIAMI FL 33135

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0203124**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, RIGOBERTO
626 S.W. 4TH AVENUE
MIAMI FL 33135

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

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

TITLE **PD** ☐ Delete
 NAME **LOPEZ, RIGOBERTO**
 STREET ADDRESS **626 SW 4TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ Delete
 NAME **RODRIGUEZ, TOMAS**
 STREET ADDRESS **626 SW 4TH AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **FRESNILLO, RAMONA**
 STREET ADDRESS **626 SW 4TH AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ Delete
 NAME **NAVARRO, MIRNA**
 STREET ADDRESS **626 SW 4TH AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01

(305)8583542

Date

Daytime Phone #

CR2E037 (10/00)