

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90099 030 ****61.25

DOCUMENT # N36971

1. Entity Name

**FLORIDA HOUSING COOPERATIVE ASSOCIATION BUILDING
 INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Rigoberto Lopez
 Suite, Apt. #, etc.
626 S.W. 4th Ave #4

Rigoberto Lopez
 Suite, Apt. #, etc.
626 S.W. 4th Ave #4

City & State
Miami FL

City & State
Miami, FL

Zip
33130

Country
USA

Zip
33130

Country
U.S.A.



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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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	<input type="checkbox"/> Delete
NAME	LOPEZ, RIGOBERTO	
STREET ADDRESS	626 SW 4TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, TOMAS	
STREET ADDRESS	626 SW 4TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRESNILLO, RAMONA	
STREET ADDRESS	626 SW 4TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NAVARRO, MIRNA	
STREET ADDRESS	626 SW 4TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 REQUIRED**

CR2E037 (4/02)