

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 05, 2001 08:00 AM****Secretary of State****DOCUMENT # N39586****1. Entity Name****SOUTH DADE HEALTH, EDUCATION, HOUSING AND ECONOMIC DEVELOPMENT, CORP.****Principal Place of Business****Mailing Address**

10300 SW 216TH ST

10300 SW 216TH ST

MIAMI  
33190

FL

MIAMI  
33190

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0255414**

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****HARTLEY, BRODES H, JR**  
**10300 SW 216 ST**MIAMI  
33190

FL

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

**03/05/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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          | TD                | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|-------------------|---------------------------------|----------------|---------------------------------|-----------------------------------|
| NAME           | HAYMORE MAYOLA    |                                 | NAME           |                                 |                                   |
| STREET ADDRESS | 10730 SW 222 ST   |                                 | STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    | GOULDS FL         |                                 | CITY-ST-ZIP    |                                 |                                   |
| TITLE          | SD                | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | GARCIA, JUANITA   |                                 | NAME           |                                 |                                   |
| STREET ADDRESS | 1758 W MOWRY      |                                 | STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    | HOMESTEAD FL      |                                 | CITY-ST-ZIP    |                                 |                                   |
| TITLE          | D                 | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | BROWN, HARRELL    |                                 | NAME           |                                 |                                   |
| STREET ADDRESS | 11450 SW 200 ST   |                                 | STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    | MIAMI FL          |                                 | CITY-ST-ZIP    |                                 |                                   |
| TITLE          | D                 | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | STINSON, ROBERT   |                                 | NAME           |                                 |                                   |
| STREET ADDRESS | 11700 SW 216 ST   |                                 | STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    | MIAMI FL          |                                 | CITY-ST-ZIP    |                                 |                                   |
| TITLE          | D                 | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | POPE, LIZZIERENE  |                                 | NAME           |                                 |                                   |
| STREET ADDRESS | 10720 SW 222 DR   |                                 | STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    | MIAMI FL          |                                 | CITY-ST-ZIP    |                                 |                                   |
| TITLE          | PD                | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | SMITH, MERIAN     |                                 | NAME           |                                 |                                   |
| STREET ADDRESS | 19600 SW 320TH ST |                                 | STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    | MIAMI FL          |                                 | 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)(f), 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:**

Lizzierene Pope

D

03/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)