

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40913

1. Entity Name

PENINSULA HOUSING DEVELOPERS INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90173 046 ****61.25

Principal Place of Business

1223 SW 4TH STREET
3RD FLOOR
MIAMI FL 33134
US

Mailing Address

300 SW 12TH AVE SUITE A
MIAMI FL 33130-2002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0230450

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

DIAZ, GUARIONE M.
300 SW 12TH AVE, 3RD FL
MIAMI FL 33130

Name

DIAZ, GUARIONE M.

Street Address (P.O. Box Number is Not Acceptable)

1223 S.W. 4th ST., 2nd floor

City

MIAMI FL 33135

FL

Zip Code

33135

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 DP ☐ Delete
NAME DIAZ, GUARIONE M
STREET ADDRESS 300 SW 12TH AVE
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1223 S.W. 4TH STREET, 2nd floor
CITY-ST-ZIP MIAMI FL 33135

TITLE CD ☒ Delete
NAME BERNAL, PETER
STREET ADDRESS 10940 SW 104TH AVE
CITY-ST-ZIP MIAMI FL

TITLE C/D ☒ Change ☒ Addition
NAME De Goytisolo, Agustin
STREET ADDRESS 1223 SW 4 Street, 2 Floor
CITY-ST-ZIP Miami, FL 33135

TITLE DS ☐ Delete
NAME BECKER, ALINA E
STREET ADDRESS 300 SW 12TH AVE
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1223 S.W. 4TH STREET, 2nd floor
CITY-ST-ZIP MIAMI, FL 33135

TITLE VD ☐ Delete
NAME PAZOS, ANDRES
STREET ADDRESS 300 S.W. 12TH AVE
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1223 S.W. 4TH STREET, 2nd. floor
CITY-ST-ZIP MIAMI, FL 33135

TITLE TD ☒ Delete
NAME GALNADES, BENIGNO
STREET ADDRESS 3700 W 12 AVE
CITY-ST-ZIP HIALEAH FL

TITLE T/D ☐ Change ☒ Addition
NAME Switzer, Raquel
STREET ADDRESS 1390 S. Dixie Highway, #1108
CITY-ST-ZIP Miami, Florida 33146

TITLE D ☐ Delete
NAME FABREGAS, JOSE
STREET ADDRESS 300 SW 12 AVE, STE A
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1223 S.W. 4TH STREET, 2nd. floor
CITY-ST-ZIP MIAMI, FL 33135

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/99)