## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # N45302** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name SOUTH FLORIDA AFFORDABLE HOUSING CORPORATION 04-10-2000 90088 010 \*\*\*\*70.00 Principal Place of Business Mailing Address 534 DATUMA ST 534 DATURA ST WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-5308 2. Principal Place of Bysiness Park BNS 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. # 105 Applied For 4. FEI Number City & State 65-0300011 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 2- Pungets Street Address (P.O. Box Number is Not Acceptable) 1615 HOOLYHOCK RD W PALJI BEACH FL 33414 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. **d** Delete Aresident D **PSD** ☐ Change Addition TITLE TITLE GLUCKSMAN, JOSEPH NAME Dira Schwortz NAME ~602 1250centhre STREET ADDRESS 1615 HOLLYHOCK RD STREET ADDRESS Palm Book Shores .FL. 33404 CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** M Addition TD Delete TITLE TITLE inisagundoli ROSEN, KAREN NAME NAME 3224 ME7かS STREET ADDRESS 534 DATURA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☑ Delete Denhis Nee M Addition VPD TITLE TITLE GLUCKSMAN, LISA NAME NAME 130 EDOKLONDPORKBING #105 STREET ADDRESS STREET ADDRESS 534 DATURA ST CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Lake worth Ave CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition Defete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

Daytime Phone #