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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 29, 2001 8:00 am DOCUMENT # **N45302 Secretary of State** 03-29-2001 90409 041 \*\*\*\*70.00 SOUTH FLORIDA AFFORDABLE HOUSING CORPORATION Principal Place of Business Mailing Address 120 E OAKLAND PARK BLVD 120 E OAKLAND PARK BLVD 00029560 #105 FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0300011 Not Applicable Zip Country Zip 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 Street Address (P.O. Box Number is Not Acceptable) SCHWARTZ, DINA 125 OCEAN AVE # 602 - WEST PALM BEACH FL 33404 City 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:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Change Addition TITLE ☐ Delete NAME SCWARTZ, DINA NAME STREET ADDRESS STREET ADDRESS 125 OCEAN AVE. #602 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH SHORES FL 33404 Change 'ATLE ☐ Delete TITLE Addition BAZINI, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 3224 NE 7TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 □ Delete TITLE ☐ Change ☐ Addition TITLE MEE, DENNIS NAME NAME STREET ADDRESS STREET ADDRESS 120 E OAKLAND PARK BLVD. #105 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33334 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME BUSCH, STACY NAME STREET ADDRESS 217 E. LAKE WORTH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition 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 ecouver 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 with an address, with all other lil changed, or on an atta

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIG