NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90093 010 ****61.25

DOCUMENT # N45302

1. Entity Name
SOUTH FLORIDA AFFORDABLE HOUSING CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12865 W. DIXIE HWY.	SAME
Suite, Apt. #, etc.: STE. # 102	Suite, Apt. #, etc.
City & State: N. MIAMI BEACH, FL.	City & State
Zip: 33161 Country: U.S.A.	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0300011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: DENNIS MEE

Street Address (P.O. Box Number is Not Acceptable): 12927 BANYAN RD.

City: N. MIAMI, **FL** Zip Code: 33181

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: _____ President 4/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE: PRESIDENT NAME: DENNIS MEE STREET ADDRESS: 12927 BANYAN RD. CITY-ST-ZIP: N. MIAMI, FL. 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: SECT. / TRES. NAME: LISA ROTHE STREET ADDRESS: 6521 N.W. 34TH AVE. CITY-ST-ZIP: FT. LAUDERDALE, FL. 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: DIRECTOR NAME: DIANA-STEPHENSON STREET ADDRESS: 10160 OLEANDER CT. CITY-ST-ZIP: PEMBROKE PINES, FL. 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: DIRECTOR NAME: STEVEN SCHWARTZBAUM STREET ADDRESS: 1940 N.E. 124TH ST. CITY-ST-ZIP: N. MIAMI, FL. 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: DIRECTOR NAME: ERIN MORRIS STREET ADDRESS: 109 N.W. 93RD AVE. CITY-ST-ZIP: PEMBROKE PINES, FL. 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS K. MEE PRESIDENT X _____ 4/10/02 (305) 981-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #