

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000488

1. Entity Name

MIAMI HOUSING AND COMMUNITY DEVELOPMENT CORPORAT

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90146 027 ****61.25

Principal Place of Business

3461 SW 8 ST
MIAMI FL 33135
US

Mailing Address

3461 SW 8 ST
MIAMI FL 33135
US

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

65-0387414

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

CAZO, ESPERANZA
3461 SW 8 ST
MIAMI FL 33135

Name **ARMANDO CAZO**

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

3461 S.W. 8TH ST

Miami, FL.

33135

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

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

After September 13, 2000 min. will be \$236.25

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 **PD** ☐ Delete
NAME **CAZO, ARMANDO**
STREET ADDRESS **3501 S.W. 8TH ST. 3204**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **PRADO, ANTONIO**
STREET ADDRESS **6405 S.W. 50TH ST.**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **RODRIGUEZ, ANITA**
STREET ADDRESS **1924 S.W. 25TH ST.**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GARCIA, LEONARDO**
STREET ADDRESS **2787 N.W. 34TH ST.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DOMINGUEZ, NEIDA**
STREET ADDRESS **2620 N.W. 34TH ST.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RUIZ, GLADYS**
STREET ADDRESS **1917 N.W. 18TH ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SEP-12-2000

305-448-1898

CR2E037 (5/00)