2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004044 1. Entity Name RAFAEL HERNANDEZ HOUSING AND ECONOMIC DEVELOPMEN

Principal Place of Business Mailing Address 2902 NW 2ND AVE 2902 NW: 2ND AVE MIAMI FL 33127 MIAMI FL 33127

FILED May 14, 2001 8:00 am Secretary of State

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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FE! Numb	^{oer} 65-043364	7	h	Applied For Not Applicable	7
Zip	Country	Zip	Country		5. Certificate	of Status Desired	X	\$8.75 Ac	dditional	1
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered #	gent		1
			Name							ĺ
CORPORATION INFORMATION SERVICES INC.				Street Address (P.O. Box Number is Not Acceptable)						
1201 HAYS ST.										
	SSEE FL 32301									
	···		City				FL	· Zip Coo	de	1
8. The above	named entity submits this statement for	r the purpose of changing its r	egistered office	or register	ed agent, or bo	th, in the state of F	lorida.	_ _		1
•	*									
		`~ <i>i</i>								
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating)	<u> </u>	DATE	 -		
		1								-
	FILE NOW:	9. Election Campaign	Financino	\$5 0	0 μ _α ο -	Mak	e Check P	avable t	^	1
	FEE IS \$61.25	Trust Fund Contribu	· · ·	Added	0 May Be to Fees	;	epartment	•		1
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10.	OFFICERS AND DIR	ECTORS	11.			IANGES TO OFFICI],
TITLE	D DAMOS BANGN	☐ Delete	TITLE	Dire	ctor	11		☐ Change	Addition Addition	18
NAME STREET ADDRESS	RAMOS, RAMON 59 NE 46TH ST		NAME STREET ADDRESS	Geo	rge N	27 5the	4			1
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	153		27 304	以り			1 2
TITLE	S		TITLE	1	the fact	PC 331	46	Change	Addition	5
NAME	CANALES, SANDRA	L. Delete	NAME					Onliange		{
STREET ADDRESS	580 NW 109TH AVE STE 1		STREET ADDRESS	;						
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	}						ļ
TITLE	T	☐ Delete	TITLE					☐ Change	Addition	1
NAME	_FERRERA, ANDRES		NAME							_ _
STREET ADDRESS	3301 N.W. 15TH ST.		STREET ADDRESS	·						1
CITY-ST-ZIP	MIAMI FL D		CITY-ST-ZIP	-						1
TITLE NAME	QUINTANA, DOROTHY	☐ Delete	TITLE NAME					☐ Change	Addition	1
STREET ADDRESS	263 N.W. 34TH ST.		STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP							
TITLE	С	☐ Delete	TITLE	3				☐ Change	Addition	1
NAME	DE ROSA, LUIS		NAME	ſ						
STREET ADDRESS	1801 CORAL WAY STRE 407		STREET ADDRESS							
CITY-ST-2IP	MIAMI FL		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	1
NAME			NAME							1
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS							
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ız. i nereby c	ertify that the information supplied with	this filing does not quality for t	ne exemption st	ated in Sec	tion 119.07(3)(i), Fiorida Statutes.	I further certif	iv that the i	nformation	1

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 than the 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 than the 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 than the 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 than the 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 than the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the report is report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the report as required by Chapter 617, Florida Statutes; and the report as required by Chapter 617, Florida Statutes; and the report as report as required by Chapter 617, Florida Statutes; and the report as report as report as report as report as report as report

SIGNATURE:

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