

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90971 016 ****70.00

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

DOCUMENT # N93000004044
 1. Entity Name
 Rafael Hernandez Housing and Economic Development Corp.

DO NOT WRITE IN THIS SPACE

80057485

2. Principal Place of Business
 2902 NW 2nd Avenue
 Suite, Apt. #, etc.

3. Mailing Address
 2902 NW 2nd Avenue
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Miami, Florida

City & State
 Miami, Florida

Zip
 33127

Country
 USA

4. FEI Number
 65-0433647

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 Luis DeRosa, Chair

Street Address (P.O. Box Number is Not Acceptable)
 2902 NW 2nd Avenue

City
 Miami, Florida

FL

Zip Code
 33127

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

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 NAME STREET ADDRESS CITY-ST-ZIP	Chair Luis de Rosa 1801 Coral Way Suite 407 Miami, Florida	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Andres Ferrera 3301 NW 15th Street Miami, Florida	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary George Hijjar 1531 NW 27th Street Miami, Florida	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Board Member Dorathy Quintana 263 NW 34th Street Miami, Florida	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Luis De Rosa* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/20/02 **Date** *(305) 577-0052* **Daytime Phone #**