

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004491

1. Entity Name

HOUSING AND SERVICES OF SOUTH FLORIDA, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90017 019 ****61.25

Principal Place of Business

Mailing Address

600 BRICKELL
 SUITE #604
 MIAMI FL 33131
 US

202 EAST 35TH STREET
 NEW YORK NY 10016-4202
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

600 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300D

City & State

City & State

MIAMI FL

4. FEI Number

65-0540643

Applied For

Not Applicable

Zip

Country

Zip

Country

33131

US

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

HAAGA, CLAIRE
 600 BRICKELL
 SUITE #604
 MIAMI BEACH FL 33131

Name

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

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

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 Delete
 NAME D
 STREET ADDRESS BRITELL, PETER S
 CITY-ST-ZIP 125 W. 55 ST
 NEW YORK NY 10036

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS HAAGA, CLAIRE
 CITY-ST-ZIP 202 EAST 35TH STREET
 NEW YORK NY 10016

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS COHEN, MICHAEL
 CITY-ST-ZIP 380 MADISON AVENUE, THIRD FLOOR
 NEW YORK NY 10017

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-00

CR2E037 (9/99)