

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000173

1. Entity Name

EQUAL HOUSING FUND OF FLORIDA, CORP.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90180 027 ****70.00

Principal Place of Business

1606 MICANOPY AVE
MIAMI FL 33133
US

Mailing Address

1606 MICANOPY AVE
MIAMI FL 33133-2510
US

2. Principal Place of Business

4131 SW 37 Ave

3. Mailing Address

4131 SW 37 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33133

Country

US

Zip

33133

Country

US

4. FEI Number

65-0566000

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EKONOMOU, NICHOLAS E.
1606 MICANOPY AVE
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Ekonomou, Nicholas E.

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

4131 SW 37 Avenue

City

Miami

FL

Zip Code

33133

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	EKONOMOU, NICHOLAS E	
STREET ADDRESS	1606 MICANOPY AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARAVENA, ZACK	
STREET ADDRESS	1606 MICANOPY AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, HERMAN	
STREET ADDRESS	11020 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI FL 33176-1272	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ekonomou, Nicholas	
STREET ADDRESS	4131 SW 37 Ave	
CITY-ST-ZIP	Miami FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carravetta, Zack	
STREET ADDRESS	4131 SW 37 Ave	
CITY-ST-ZIP	Miami FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 (305) 860-1400

CR2E037 (9/99)