

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000000173

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: EQUAL HOUSING FUND OF FLORIDA, CORP.

Current Principal Place of Business:

3579 LOQUAT AVE
MIAMI, FL 33133 US

New Principal Place of Business:

PO BOX 330537
MIAMI, FL 33233 US

Current Mailing Address:

PO BOX 330537
MIAMI, FL 33233 US

New Mailing Address:

FEI Number: 65-0566000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EKONOMOU, NICHOLAS E.
3579 LOQUAT AVE
MIAMI, FL 33133

Name and Address of New Registered Agent:

EKONOMOU, NICHOLAS E.
4105 PONCE DE LEON BLVD STE 202
MIAMI, FL 33146

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: NICHOLAS E EKONOMOU

04/29/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EKONOMOU, NICHOLAS E
Address: 3579 LOQUAT AVE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: CARAVENA, ZACK
Address: 3579 LOQUAT AVE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: LOPEZ, HERMAN
Address: 11020 N. KENDALL DR.
City-St-Zip: MIAMI, FL 331761272

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EKONOMOU, NICHOLAS E
Address: 4105 PONCE DE LEON BLVD STE 202
City-St-Zip: MIAMI, FL 33146

Title: D (X) Change () Addition
Name: CARAVENA, ZACK
Address: 4105 PONCE DE LEON BLVD. STE 202
City-St-Zip: MIAMI, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS E EKONOMOU

D

04/29/2002

Electronic Signature of Signing Officer or Director

Date