

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

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90066 017 \*\*\*\*70.00

**DOCUMENT # N95000001344**

1. Entity Name

**H.O.W. Community Development Corporation**  
**162 SW First Ave, homestead, FL 33030**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**162 SW First Ave**

3. Mailing Address

**162 SW First Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Homestead, FL**

City & State

**Homestead, FL**

4. FEI Number

**65-0574978**

Applied For

Not Applicable

Zip

**33030**

Country

**Dade**

Zip

**33030**

Country

**Dade**

5. Certificate of Status Desired

☒ **EX**

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Micheline Ducena**

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

**17781 SW 113 Ave**

City

**Miami**

**FL**

Zip Code

**33157**

**DO NOT WRITE  
IN THIS SPACE**

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 *Micheline Ducena* **Micheline Ducena, Executive Director** **4/25/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
**President**  
**Geralde Arrieux**  
**10540 SW 163 Street, Mia, 33157**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Secretary**  
**Evelyn Desrouleaux**  
**126 SW 189 Street**  
**Miami, FL 33177**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Executive Director**  
**Micheline Ducena**  
**17781 SW 113 Ave, Mia, FL 33157**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DO NOT WRITE  
IN THIS SPACE**

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: *Micheline Ducena* **Micheline Ducena, Exec. Director** **4/25/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR