

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90257 002 ****61.25

DOCUMENT # N95000001344

1. Entity Name

H.O.W. COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business

**162 SW 1ST AVE.
HOMESTEAD FL 33030**

Mailing Address

**162 SW 1ST AVE.
HOMESTEAD FL 33030**

2. Principal Place of Business

162 SW First Avenue

3. Mailing Address

162 SW First Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, Florida

City & State

Homestead, Florida

Zip

33030

Country

Dade

Zip

33030

Country

Dade

4. FEI Number **65-0574978**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUCENA, MICHELINE
17781 S.W. 113 AVENUE
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name

Micheline Ducena

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

17781 SW 113 Avenue

City

Miami

FL

Zip Code

33157

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Micheline Ducena, Executive Director 4/19/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GERALDE ARRIEUX**
STREET ADDRESS **10540 S.W. 163RD ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ Delete
NAME **DENISE MOLEON**
STREET ADDRESS **17781 S.W. 113 AVENUE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **SD** ☐ Delete
NAME **EVELYNE, DESROULEAUX**
STREET ADDRESS **126 S.W. 189 STREET**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 REQUIRED

Micheline Ducena, Executive Director

4/19/03

CR2E037 (10/02)