

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003550

1. Entity Name

MIAMI AFFORDABLE HOUSING INC.

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

02-03-2000 90007 014 \*\*\*\*70.00

Principal Place of Business

6047 MIRAMAR PARKWAY  
MIRAMAR FL 33023

Mailing Address

6047 MIRAMAR PARKWAY  
MIRAMAR FL 33023-3937

2. Principal Place of Business

6053 MIRAMAR PKWY

3. Mailing Address

6053 MIRAMAR PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL 33023

City & State

MIRAMAR FL

4. FEI Number

65-0614961

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

33023

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, MARY  
2710 WALKERS WAY  
WESTON FL 33331

7. Name and Address of New Registered Agent

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	JOSEPH, MARY	
STREET ADDRESS	2710 WALKERS WAY	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FELIX, ROBERT	
STREET ADDRESS	9050 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL-33024	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ABRAHAM, MARIAM	
STREET ADDRESS	6053 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR FL 33023	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	LLOYD CLARKE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6053 MIRAMAR PKWY	
CITY-ST-ZIP	MIRAMAR FL-33023	
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)(f), 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 information.

SIGNATURE:

SIGNATURE REDIRECTED MARY JOSEPH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)