

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

0037561

04-10-2001 90077 018 \*\*\*\*\*70.00

**DOCUMENT # N96000002062**

1. Entity Name

**ALLAPATTAH COMMUNITY HOUSING, INC.**

Principal Place of Business

Mailing Address

1380 NW 24TH AVE  
 OFFICE  
 MIAMI FL 33125

1380 NW 24TH AVE  
 OFFICE  
 MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0677564**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERMAN WOLFE & RENNERT, P.A.**  
**100 S.E. SECOND STREET**  
**SUITE 3500**  
**MIAMI FL 33131-2130**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **CHR MESA, ARDO**  
 STREET ADDRESS **3471 NW 5TH ST**  
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE  Change  Addition  
 NAME **MESA, ARDO**  
 STREET ADDRESS **1351 NE MIAMI GARDENS DR. #1025E**  
 CITY-ST-ZIP **N. MIAMI BEACH, FL. 33179**

TITLE  Delete  
 NAME **TVP EGUES, RANDY**  
 STREET ADDRESS **16841 N.W. 80TH COURT**  
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S GOMEZ, HIRAM**  
 STREET ADDRESS **4540 S.W. 68TH COURT #4**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE  Change  Addition  
 NAME **D FAJARDO, ALVARDO**  
 STREET ADDRESS **10225 NW 56 STREET**  
 CITY-ST-ZIP **MIAMI, FL 33178**

TITLE  Delete  
 NAME **D CARAMES, JESUS A**  
 STREET ADDRESS **3630 S.W. 26TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE  Change  Addition  
 NAME **RICARDO MARTINEZ (D)**  
 STREET ADDRESS **15975 S.W 138th Terr.**  
 CITY-ST-ZIP **Miami, Fl. 33196**

TITLE  Delete  
 NAME **D DUTTON, DOUGLAS**  
 STREET ADDRESS **1550 W. 44TH PLACE E006**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE  Change  Addition  
 NAME **D DUTTON, DOUGLAS**  
 STREET ADDRESS **7853 W 36 AVENUE, #101**  
 CITY-ST-ZIP **HIALEAH, FL 33018**

TITLE  Delete  
 NAME **D DAUSA, JOSE E**  
 STREET ADDRESS **9145 FOUNTAINBLEU BLVD. #8**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE  Change  Addition  
 NAME **S/D DAUSA, JOSE E.**  
 STREET ADDRESS **9145 FOUNTAIN BLEAU BLVD. #8**  
 CITY-ST-ZIP **MIAMI, FL. 33172**

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: *Ardo Mesa*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*08/06/2001*  
 Date

305-633-1161  
 Daytime Phone #

CR2E037 (10/00)