

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003308

1. Entity Name

COMMUNITY HOUSING CORPORATION OF BROWARD

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90024 010 ****61.25

Principal Place of Business

Mailing Address

5 WEST BROWARD BLVD.

9715 WEST BROWARD BLVD.

#129

PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite; Apt. #, etc.

Suite; Apt. #, etc.

City & State

City & State

4. FEI Number

65-0679484

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPANNOS, NERISSA
9715 WEST BROWARD BLVD.
#129
PLANTATION FL 33324

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 PD
NAME SPANNOS, NERISSA ☐ Delete
STREET ADDRESS 9715 WEST BROWARD BLVD. #129
CITY-ST-ZIP PLANTATION FL 33324

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

TITLE D
NAME VILLANI, THOR ☐ Delete
STREET ADDRESS 9715 WEST BROWARD BLVD. #129
CITY-ST-ZIP PLANTATION FL 33324

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

TITLE D
NAME BECKINSALE, DAVID ☐ Delete
STREET ADDRESS 9715 WEST BROWARD BLVD. #129
CITY-ST-ZIP PLANTATION FL 33324

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 SPANNOS 1/29/02 954 785-3455

CR2E037 (9/01)