

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

002122

**DOCUMENT # N96000006448**

02-05-2002 90145 047 \*\*\*\*61.25

1. Entity Name

**PENINSULA HOUSING DEVELOPMENT INC. XII**

Principal Place of Business

Mailing Address

**1223 S W 4TH STREET  
 THIRD FLOOR  
 MIAMI FL 33134  
 US**

**1223 S W 4TH STREET  
 SECOND FLOOR  
 MIAMI FL 33135  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0721533**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DIAZ, GUARIONE M  
 1223 SW 4TH STREET  
 MIAMI FL 33135**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP DIAZ, GUARIONE M 1223 SW 4TH ST MIAMI FL 33135</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS BECKER, ALINA E 1223 SW 4TH AVE MIAMI FL 33135</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT SWITZER, RAQUEL C 1390 S. DIXIE HWY, #1108 CORAL GABLES FL 33146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP PAZOS, ANDRES 1223 SW 4TH ST MIAMI FL 33135</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC DE COYTISOLO, AGUSTIN 1000 BRICKELL AVE, #660 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*JOSE FABREGAS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/02 305 642-3634

CR2E037 (9/01)

**Item 10.**

**Title**  
President/Director

**Name/Address**  
Diaz, Guarione M.  
1223 SW 4 Street  
Miami, Florida 33135

*Attachments*

Secretary/Director

Santana, Cristina  
1223 SW 4 Street  
Miami, Florida 33135

*# 196000006448  
726354*

Vice-President/Director

Pazos, Andres  
1223 SW 4 Street  
Miami, Florida 33135

Treasurer/Director

Switzer, Raquel C.  
1390 So Dixie Hwy, #1108  
Coral Gables, FL 33146

Director

Fabregas, Jose  
1223 SW 4 Street  
Miami, FL 33135

Director

Barreto, Marielena  
1223 SW 4 Street  
Miami, FL 33135

Director

Galan, Juan  
1223 SW 4 Street  
Miami, FL 33135