

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

0024473

DOCUMENT # **N96000006451**



FILED

03 MAY -1 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

1. Entity Name
PENINSULA HOUSING DEVELOPMENT INC. XIII

Principal Place of Business
**1223 S W 4TH STREET
THIRD FLOOR
MIAMI FL 33135
US**

Mailing Address
**1223 S W 4TH STREET
2 FL
MIAMI FL 33135
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0720436**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**DIAZ, GUARIONE M
300 S W 12TH AVENUE
2 FL
MIAMI FL 33130**

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ, GUARIONE M 1223 SW 4 ST MIAMI FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300017822983 05/01/03--01049--003 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BECKER, ALINA E 1223 SW 4 ST MIAMI FL 33135 <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	DT SWITZER, RAQUEL C 1390 S DIXIE HWY 1108 CORAL GABLES FL 33146 <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	VDP PAZOS, ANDRES 1223 SW 4 ST MIAMI FL 33135 <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	DCAS DE GOYTISOLO, AGUSTIN 1000 BRICKELL AVE 660 MIAMI FL 33131 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See Attached

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 to this address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **04-14-2003 205-647-3634**

CR2E037 (10/02)

NAME

ADDRESS

DIAZ, Guarione M.
Director and President

1223 S.W. 4th Street
Miami, FL 33135
Phone #: (305) 642-3484
Fax #: (305) 642-9122

PAZOS, Andres
Director and
Executive Vice-President

1223 S.W. 4th Street
Miami, FL 33135
Phone #: (305) 642-3484
Fax #: (305) 642-9815

SANTANA, Cristina
Director and Secretary

1223 S.W. 4th Street
Miami, FL 33135
Phone #: (305) 642-3484
Fax #: (305) 642-9122

SWITZER, Raquel C.
Director and Treasurer

Switzer & Switzer
1309 South Dixie Highway Suite 660
Miami, FL 33146
Phone #: (305) 663-3566
Fax #: (305) 665-3060

BARRETO, Marielena
Director

1223 S.W. 4th Street
Miami, FL 33135
Phone #: (305) 642-3634
Fax #: (305) 642-5094

NAVARRO, Marta
Director

1223 S.W. 4th Street
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Phone #: (305) 642-3634
Fax #: (305) 642-5094

GALAN, Juan
Director

355 Cocoplum Road
Miami, FL 33143
Phone #: (305) 662-5780
Fax #: (305) 662-5780