

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90276 010 \*\*\*\*61.25

**DOCUMENT # N97000005029**

1. Entity Name

**NATIONAL AFFORDABLE HOUSING FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**8410 NE 1ST PLACE  
 MIAMI FL 33138**

**8410 NE 1ST PLACE  
 MIAMI FL 33138**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0779481**

Applied For

Not Applicable

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

**ELLIS, CONSTANTIN E  
 233 N.E. 199TH TERRACE  
 MIAMI FL 33179**

Name

**Lesley Miller**

Street Address (P.O. Box Number is Not Acceptable)

**9410 NE 1 Pl**

City

**miami**

**FL**

Zip Code

**33138**

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

**Lesley Miller**

Signature, typed or printed name of registered agent and title if applicable.

**Lesley Miller**

(NOTE: Registered Agent signature required when reinstating)

**2/28/02**

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** ☐ Delete  
 NAME **BENNETT, RICHARD REV**  
 STREET ADDRESS **6801 NW 15 AVE**  
 CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **VPD** ☐ Delete  
 NAME **GRACE, MELVIN PASTOR**  
 STREET ADDRESS **1970 NW 171 ST**  
 CITY-ST-ZIP **MIAMI FL 33056**

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

TITLE **D** ☐ Delete  
 NAME **O'BIESIE, EMANUEL**  
 STREET ADDRESS **2530 NW 131 ST**  
 CITY-ST-ZIP **MIAMI FL 33167**

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

TITLE **SD** ☐ Delete  
 NAME **BELL, MARIE**  
 STREET ADDRESS **2 N.E. 40TH ST #404**  
 CITY-ST-ZIP **MIAMI FL 33137**

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 registered agent 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**

**Dr. Emanuel Obiesie, Director 2/28/02 (305) 754-2555**

CR2E037 (9/01)