

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005652

1. Entity Name

AFFORDABLE HOUSING OF SOUTH FLORIDA, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90015 024 ****61.25

Principal Place of Business Mailing Address
 7200 MINDELLO STREET 7200 MINDELLO STREET
 CORAL GABLES FL 33143 CORAL GABLES FL 33143-6234



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 2 GROVE ISLE DRIVE 2 GROVE ISLE DRIVE

Suite, Apt. #, etc. Suite, Apt. #, etc.
 #1508 #1508

City & State City & State
 COCONUT GROVE, FLA. COCONUT GROVE FLA.

4. FEI Number Applied For
 31-1581295 Not Applicable

Zip Country Zip Country
 33133 USA 33133 USA

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

6. Name and Address of Current Registered Agent
 MINTZ, LAWRENCE
 7200 MINDELLO ST
 CORAL GABLES FL 33143

7. Name and Address of New Registered Agent
 Name MINTZ, LAWRENCE
 Street Address (P.O. Box Number is Not Acceptable)
 2 GROVE ISLE DRIVE #1508
 City COCONUT GROVE FL Zip Code 33133

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 *Lawrence Mintz* DATE 4/27/00
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS MINTZ, LAWRENCE 7200 MINDELLO STREET CORAL GABLES FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, MELISSA 7200 MINDELLO STREET CORAL GABLES FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISENBERG, HERBERT 7200 MINDELLO STREET CORAL GABLES FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAHMS, JOY 7200 MINDELLO ST CORAL GABLES FL 33143 <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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 GROVE ISLE DRIVE #1508 COCONUT GROVE, FLA 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 GROVE ISLE DRIVE #1508 COCONUT GROVE, FLA 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 GROVE ISLE DRIVE #1508 COCONUT GROVE, FLA 33133
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: *Lawrence Mintz* SIGNATURE REQUIRED *Lawrence Mintz* DATE 4/27/00 DAYTIME PHONE # 305-856-8569

CR2E037 (9/99)