

2001 UNIFORM BUSINESS REPORT (UBR)

4/16

FILED
May 05, 2001 8:00 am
Secretary of State

04-16-2001 90031 023 ****61.25

DOCUMENT # N97000005652

1. Entity Name

AFFORDABLE HOUSING OF SOUTH FLORIDA, INC.

Principal Place of Business

2 GROVE ISLE DR.
 #1508
 COCONUT GROVE FL 33133

Mailing Address

2 GROVE ISLE DR.
 #1508
 COCONUT GROVE FL 33133

2. Principal Place of Business

1 GROVE ISLE DRIVE
 Suite, Apt. #, etc.
 #1104

3. Mailing Address

1 GROVE ISLE DRIVE
 Suite, Apt. #, etc.
 #1104

City & State
 COCONUT GROVE, FL

City & State
 COCONUT GROVE, FL

4. FEI Number
 31-1581295

Applied For
 Not Applicable

Zip
 33133

Country
 USA

Zip
 33133

Country
 USA

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MINTZ, LAWRENCE
 2 GROVE ISLE DR.
 #1508
 COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name **MELISSA CAMPBELL**
 Street Address (P.O. Box Number is Not Acceptable)
1 GROVE ISLE DRIVE #1104
 City **COCONUT GROVE** FL **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 *Melissa Campbell 4/27/01*
 Signature, typed or printed name of registered agent and file 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS MINTZ, LAWRENCE 2 GROVE ISLE DR. #1508 COCONUT GROVE FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, MELISSA 2 GROVE ISLE DR. #1508 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISENBERG, HERBERT 2 GROVE ISLE DR. #1508 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAHMS, JOY 2 GROVE ISLE DR. #1508 COCONUT GROVE FL 33133	<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	PDS MELISSA CAMPBELL 1 GROVE ISLE DRIVE #1104 COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBERT EISENBERG 1 GROVE ISLE DRIVE #1104 COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOY BRAHMS 1 GROVE ISLE DRIVE #1104 COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBERT BAILEY 1 GROVE ISLE DR #1104 COCONUT GROVE, FL 33133	<input type="checkbox"/> Change <input checked="" 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 lines empowered.

SIGNATURE: *Melissa Campbell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01
 Date

305 579 8888
 Daytime Phone #

CR2E037 (10/00)