

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002121

1. Entity Name

RELiance HOUSING SERVICES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90046 028 ****70.00

Principal Place of Business

Mailing Address

% RELIANCE HOUSING FOUNDATION, INC.
20 N.W. 10TH COURT #4
DANIA FL 33004

% RELIANCE HOUSING FOUNDATION, INC.
20 N.W. 10TH COURT #4
DANIA FL 33004-3252

2. Principal Place of Business

516 N.E. 13th STREET

Suite, Apt. #, etc.

3. Mailing Address

516 N.E. 13th STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-0870351

Applied For

Not Applicable

Zip

33304

Country

BROWARD

Zip

33304

Country

BROWARD

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

ALLEN, LOUISE J
STEARNS WEAVER MILLER WEISSLER
150 WEST FLAGLER ST, SUITE 2200
MIAMI FL 33130

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 | PD | <input type="checkbox"/> Delete |
| NAME | JACKSON, ROBERT O | |
| STREET ADDRESS | 20 NW 10TH CT, #4 | |
| CITY-ST-ZIP | DANIA BEACH FL 33004 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JANTON, STEPHEN R | |
| STREET ADDRESS | 2040 NE 21 CT | |
| CITY-ST-ZIP | WILTON MANORS FL 33305 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CAPELLE, MICHAEL | |
| STREET ADDRESS | 949 SAN BRUNO AVE | |
| CITY-ST-ZIP | SAN FRANCISCO CA 94110 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 516 N.E. 13th STREET | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33304 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 516 N.E. 13th STREET | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33304 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 516 N.E. 13th STREET | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33304 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-2000 954-927-4545

Date

Daytime Phone #

CR2E037 (9/99)