

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005954

1. Entity Name

HOUSING OPPORTUNITIES & MORTGAGES: EFFECTIVE SOL

Principal Place of Business

2665 N.E. 26TH TERRACE
FORT LAUDERDALE FL 33306

Mailing Address

2665 N.E. 26TH TERRACE
FORT LAUDERDALE FL 33306-1705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0870180

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

SOLOMON, HARRIS K ESQ.
BRINKLEY, MCNERNEY, MORGAN, ET. AL.
200 EAST LAS OLAS BOULEVARD #1800
FORT LAUDERDALE FL 33301

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

TITLE	DPCE	<input type="checkbox"/> Delete
NAME	BARRY, KATHARINE S	
STREET ADDRESS	2665 N.E. 26TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	DBC	<input type="checkbox"/> Delete
NAME	MCELLIGOTT, JOHN D	
STREET ADDRESS	3200 N. OCEAN BLVD. #2308	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	DBS	<input type="checkbox"/> Delete
NAME	SOLOMON, HARRIS K	
STREET ADDRESS	200 E. LAS OLAS BLVD. #1800	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	DBT	<input type="checkbox"/> Delete
NAME	MCNERNEY, MIA	
STREET ADDRESS	512 MIDDLE RIVER DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	Director	<input checked="" type="checkbox"/> Delete-Add
NAME	Stallworth, Tony	
STREET ADDRESS	225 E. Las Olas Blvd., 3rd Floor	
CITY-ST-ZIP	Fort Laud., FL 33301	
TITLE	Director-Advisory Brd.	<input checked="" type="checkbox"/> Delete-Add
NAME	Franklin, Eugene	
STREET ADDRESS	2897 NW 9th Court	
CITY-ST-ZIP	Fort Lauderdale, FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cartwright, Joan	
STREET ADDRESS	2300 NW 33rd, Suite 908	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	Director/Board Vice Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gooden-Thompson, Edith	
STREET ADDRESS	301 N Pine Island Road, #257	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kurth, Lydia	
STREET ADDRESS	10884 NW 2nd Street	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shapiro, Barbara	
STREET ADDRESS	661 Lake Dasha Lane	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shapiro-Davis, Debbie	
STREET ADDRESS	3201 N Fed. Hwy., Suite 301	
CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tupler, Ruth	
STREET ADDRESS	6570 SW 47th Court	
CITY-ST-ZIP	Davie, FL 33314	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90079 012 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

1/14/2000 (954)563-5454