## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 05, 2001 8:00 am DOCUMENT # N98000005954 **Secretary of State** 1. Entity Name 06-05-2001 90019 001 \*\*\*\*61.25 HOUSING OPPORTUNITIES, MORTGAGE ASSISTANCE, & EF 06-05-2001 90019 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 2665 N.E. 26TH TERRACE 2665 N.E. 26TH TERRACE 74131 FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State ..... 4. FEI Number. Applied For 65-0870180 Not Applicable Żip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SOLOMON, HARRIS K ESQ. BRINKLEY, MCNERNEY, MORGAN, ET. AL. 200 EAST LAS OLAS BOULEVARD #1800 City Zip Code FORT LAUDERDALE FL 33301 Fl 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOT : Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaigr Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10 DPCE ☐ Addition ☐ Delete TITLE TITLE NAME NAME BARRY, KATHARINE S STREET ADDRESS 2665 N.E. 26TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33306 Delete **Change** ☐ Addition TITLE TITLE MCELLIGOTS JOHNED NAME NAME STREET ADDRESS STREET ADDRESS 3200 N. OCEAN LVD. #2308 CITY-ST-ZIP CITY-ST-7(P FORT LAUDÉRDALE FL 33308 🔲 Change ☐ Addition Delete TITLE TITLE SOLOMON, HARRIS K NAME NAME STREET ADDRESS STREET ADDRESS 200 E. LAS OLAS BLVD. #1800 FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DBT ☐ Delete TITLE ☐ Change NAME MCNERNEY, MIA NAME STREET ADDRESS 512 MIDDLE RIVER DR STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33304 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE STALLWORTH, TONY STREET ADDRESS STREET ADDRESS 225 E LAS OLAS BLVD 3RD FLOOR CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 Change Delete ☐ Addition TITLE TITLE FRANKLIN, EUGENE NAME NAME STREET ADDRESS 2897 NW 9TH-CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311

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 n y 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 is 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:

5/29/01 (954)563-545

FILED