

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90051 036 ****61.25

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DOCUMENT # N98000005954

1. Entity Name

HOUSING OPPORTUNITIES, MORTGAGE ASSISTANCE, & EFFECTIVE NEIGHBORHOOD SOLUTIONS, INC.

Principal Place of Business

Mailing Address

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPCE
 BARRY, KATHARINE S
 2665 N.E. 26TH TERRACE
 FORT LAUDERDALE FL 33306** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DBC
 GOODEN-THOMPSON, EDITH
 301 N. PINE ISLAND RD., #257
 PLANTATION FL 33324** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DBS
 SOLOMON, HARRIS K
 200 E. LAS OLAS BLVD. #1800
 FORT LAUDERDALE FL 33301** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Gary Kotella
 200 E. Las Olas Blvd. #1800
 Ft. Lauderdale 33301** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DBT
 MCNERNEY, MIA
 512 MIDDLE RIVER DR
 FT LAUDERDALE FL 33304** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Harris R. Solomon
 200 E. Las Olas Blvd. #1800
 Ft. Lauderdale 33301** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 STALLWORTH, TONY
 225 E LAS OLAS BLVD 3RD FLOOR
 FORT LAUDERDALE FL 33301** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DVC
 KURTH, LYDIA
 10884 NW 2ND ST.
 PLANTATION FL 33324** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Debra Werner
 2037 SE 17th Ct.
 Lauderdale By the Sea 33062** ☐ Change ☒ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)