

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-21-2000 90152 001 ****61.25

DOCUMENT # N99000000192

1. Entity Name

PENINSULA HOUSING DEVELOPMENT INC. XV

Principal Place of Business

Mailing Address

**300 S.W. 12TH AVE., STE. A
 MIAMI FL 33130**

**300 S.W. 12TH AVE., STE. A
 MIAMI FL 33130-2002**

2. Principal Place of Business

1223 S.W. 4th Street

3. Mailing Address

Suite, Apt. #, etc.

2nd. floor

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

33135

Zip

Country

4. FEI Number

65-0892587

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FABREGAS, JOSE
 300 S.W. 12TH AVE., STE. A
 MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

**Guarione M. Diaz
 Street Address (P.O. Box Number is Not Acceptable)
 1223 SW 4 Street, 2nd Floor**

City

Miami,

FL

Zip Code
33135

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

Guarione M Diaz

04/11/2000

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	D <input type="checkbox"/> Delete
NAME	DIAZ, GUARIONE M
STREET ADDRESS	300 S.W. 12TH AVE., STE. A
CITY-ST-ZIP	MIAMI FL 33130
TITLE	D <input type="checkbox"/> Delete
NAME	BECKER, ALINA E
STREET ADDRESS	300 S.W. 12TH AVE., STE. A
CITY-ST-ZIP	MIAMI FL 33130
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	GALARNES, BENIGNO
STREET ADDRESS	300 S.W. 12TH AVE., STE. A
CITY-ST-ZIP	MIAMI FL 33130
TITLE	D <input type="checkbox"/> Delete
NAME	PAZOS, ANDRES
STREET ADDRESS	300 S.W. 12TH AVE., STE. A
CITY-ST-ZIP	MIAMI FL 33130
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BERNAL, PETER R
STREET ADDRESS	10940 S.W. 104 AVE.
CITY-ST-ZIP	MIAMI FL 33176
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	RIVERO, ANDRES
STREET ADDRESS	300 S.W. 12TH AVE., STE. A
CITY-ST-ZIP	MIAMI FL 33130

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, GUARIONE M
STREET ADDRESS	1223 SW 4 street, 2nd Floor
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, ALINA E
STREET ADDRESS	1223 SW 4 st, 2nd Floor
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Switzer, Raquel
STREET ADDRESS	1390 S. Dixie Highway, #1108
CITY-ST-ZIP	Miami, FL 33146
TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, GUARIONE M
STREET ADDRESS	1223 SW 4st, 2nd Floor
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	De Goytisolo, Agustin
STREET ADDRESS	1223 SW 4 Street, 2 Floor
CITY-ST-ZIP	Miami, FL 33135
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 REQUIRED

04/11/2000

642-1381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)