

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-21-2000 90094 003 ****61.25

DOCUMENT # N99000000505

1. Entity Name

MIAMI-DADE AFFORDABLE HOUSING FOUNDATION, INC.

Principal Place of Business

Mailing Address

25 W. FLAGLER ST., STE. 950
 MIAMI FL 33130-1720

25 W. FLAGLER ST., STE. 950
 MIAMI FL 33130-1700

2. Principal Place of Business

3. Mailing Address

25 W FLAGLER STREET

25 W FLAGLER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1012

SUITE 1012

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33130

33130

4. FEI Number

65-0898790

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

7. Name and Address of New Registered Agent

BRAYON, PATRICIA BRAYNON, PATRICIA
 25 W. FLAGLER ST., STE. 950
 MIAMI FL 33130-1720

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, MILTON	NAME	MARTIN, FINE
STREET ADDRESS	25 W. FLAGLER ST., STE. 950	STREET ADDRESS	25 W. FLAGLER ST. STE. 1012
CITY-ST-ZIP	MIAMI FL 33130-1720	CITY-ST-ZIP	MIAMI FL 33130
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	V C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIEGO, AIDA	NAME	WILLIAM LEHMAN
STREET ADDRESS	25 W. FLAGLER ST., STE. 950	STREET ADDRESS	25 W. FLAGLER ST. STE 1012
CITY-ST-ZIP	MIAMI FL 33130-1720	CITY-ST-ZIP	MIAMI FL 33130
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGRAM, CORDELLA	NAME	CORDELLA INGRAM
STREET ADDRESS	25 W. FLAGLER ST., STE. 950	STREET ADDRESS	25 W. FLAGLER ST. STE. 1012
CITY-ST-ZIP	MIAMI FL 33130-1720	CITY-ST-ZIP	MIAMI FL 33130
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/99)

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: *Patricia J. Braynon* **Patricia J. Braynon, President** 01/12/00 305-372-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #