2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N9900000505**

1. Entity Name

MIAMI-DADE AFFORDABLE HOUSING FOUNDATION, INC.



FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90786 006 ****70.00

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Principal Place of Business 25 W. FLAGLER STREET SUITE 750 MIAMI FL 33130		Mailing Address 25 W. Flagler Street Suite 750 Miami Fl 33130			ITO 10711 00117 40121 00417 00411	OOLIS OORSE RIISI OO	ira a nna 18 0 l
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65	4. FEI Number 65-0898790 Applied For Not Applied For		
Zip Country		Zip	Zip Country		atus Desired	\$8.75 Add	litional
6. Name and Address of Current Regis		Registered Agent	red Agent		7. Name and Address of New Registered Agent		
	and the second second second second		= Name,	raman argrana argan	ا - سميدو و ديمه	- A - 1 - 4	
25 W. FL	N, PATRICIA AGLER ST., STE. 950		Street Address ((P.O. Box Number is Not Acceptable)		
MIAM) FL	33130-1720						
•	ý s		City		F	- 1	
	named entity submits this statement fo	r the purpose of changing its	registered office or	registered agent, or both, in	the State of Florida. I ar	n familiar with,	and accept
the obligat	ions of registered agent.		Λ :		1	1	;]
	(S/Brend	~	PRPAN	INDAL	411	1/03	, ,
ŞIGNATURE .	Signature, typed or printed name registered agent	and title if applicable (NOTE	Registered Agent signat	re required when reinstating)	DATE	1	
	organization of the state of th	***************************************			····		
FILE NOW: FEE IS \$61.25		<u> </u>	paign Financing	\$5.00 May Be		ck Payable	to
	,	Trust Fund C	ontribution. (Added to Fees	Florida Depa	artment of S	State
10	OFFICERS AND DIE						
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANG	Florida Depa	DIRECTORS IN	10
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release certain the mornation supplied with this mining does not quality 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 eath; 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: