

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N99000001937

1. Entity Name

METATHERAPY SOUTH DADE HOUSING FOR HOMELESS, INC

FILED
May 15, 2000 8:00 am
Secretary of State

03-31-2000 90078 023 ****70.00

Principal Place of Business 27200 OLD DIXIE HIGHWAY NARANJA FL 33032	Mailing Address 27200 OLD DIXIE HIGHWAY NARANJA FL 33032-6214
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2. Principal Place of Business 27940 S. Dixie Hwy	3. Mailing Address PO Box 901330
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naranja FL	City & State Homestead, FL
Zip 33032	Zip 33090
Country USA	Country USA

4. FEI Number 23-7400277	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARLIN, KENNETH 11921 S.DIXIE HIGHWAY SUITE 202 MIAMI FL 33156	7. Name and Address of New Registered Agent Name Steven C. Simon Street Address (P.O. Box Number is Not Acceptable) 465 NE 50th Terrace City Miami FL Zip Code 33137
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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 Steve Simon, Executive Director 3/3/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State <input checked="" type="checkbox"/>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Chairman William H. Walker, Jr. 1550 N. Krome Ave. Homestead, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chairman Curt Ivy 790 N. Homestead Blvd. Homestead, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Eliza Perry 425 NW 16th St. Homestead, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Denise Mihal, Administrative Director, Homestead Hospital, 160 NW 13th St. Homestead, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Alan Sonnabend 300 Atlantic Blvd Key Biscayne, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Al Rolle 45 S. Krome Ave Homestead, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 3/3/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)