2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 AM
Secretary of State

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Entity Name: METATHERAPY SOUTH DADE HOUSING FOR HOMELESS, INC.

Current Principal Place of Business:

27940 S DIXIE HWY
NARANJA, FL 33032 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 901330
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 65-0922058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMON, STEVEN C
465 NE 5OTH TERR
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

SIMON, STEVEN C
336 NW 5 STREET
MIAMI, FL 33128 US

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: _____ 04/09/2002
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: BCD ( ) Delete
Name: SIMON, STEVEN C
Address: 714 15TH ST #1
City-St-Zip: MIAMI BEACH, FL 33139

Title: VCD ( ) Delete
Name: IVY, CURT
Address: 790 N HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL 33030

Title: SD ( ) Delete
Name: PERRY, ELIZA
Address: 425 NW 16TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: MD ( ) Delete
Name: SONNABEN, ALAN
Address: 300 ATLANTIC BLVD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MD ( ) Delete
Name: ROLLE, AL
Address: 4 S KROME AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BCD (X) Change ( ) Addition
Name: SIMON, STEVEN C
Address: 336 NW 5 STREET
City-St-Zip: MIAMI, FL 33128

Title: VCD (X) Change ( ) Addition
Name: EVANS-COLEMAN, ROSE
Address: 941 SW 4 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change ( ) Addition
Name: SONNABEND, ALAN
Address: 300 ATLANTIC BLVD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: PRINDLE, ALLAN
Address: 5820 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN C. SIMON BCD 04/09/2002
Electronic Signature of Signing Officer or Director — Date

VINCENT, DAN; DIRECTOR
1550 NORTH MIAMI AVE.
MIAMI FL 33136

FERNANDEZ, HILDA; DIRECTOR
111 NW 1 STREET
SUITE 310
MIAMI FL 33128