

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007337

1. Entity Name

HOUSING PARTNERS OF MIAMI CORP.

Principal Place of Business

15235 S.W. 48 TERR., #C-85
MIAMI FL 33185

Mailing Address

15235 S.W. 48 TERR., #C-85
MIAMI FL 33185

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0968738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROQUE, MIRIAM
15235 S.W. 48 TERR., #C-85
MIAMI FL 33185

7. Name and Address of New Registered Agent

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

TITLE PT ☒ Delete
NAME ROQUE, MIRIAM
STREET ADDRESS 15235 S.W. 48 TERR., #C-85
CITY-ST-ZIP MIAMI FL 33185

TITLE VD ☐ Delete
NAME VALDES, ALEX M
STREET ADDRESS 15235 S.W. 48 TERR., #C-85
CITY-ST-ZIP MIAMI FL 33185

TITLE SD ☐ Delete
NAME BOBES, ANTONIO L
STREET ADDRESS 8357 W. FLAGLER ST., #107
CITY-ST-ZIP MIAMI FL 33144

TITLE T ☐ Delete
NAME SANTIAGO, CARMEN
STREET ADDRESS 15235 SW 48TH TER., #C-85
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☒ Change ☐ Addition
NAME MIRIAM E. GONZALEZ
STREET ADDRESS 15235 SW 48TH TER #C-85
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Carmen Santiago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01 305-225-5183

Date

Daytime Phone #

00033102



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)