

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 24, 2002 8:00 am
Secretary of State

05-24-2002 91309 012 ****61.25

DOCUMENT # N99000007337

1. Entity Name

HOUSING PARTNERS OF MIAMI CORP.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

10131 SW 154 Ct
Suite, Apt. #, etc. 107

3. Mailing Address

10131 SW 154 Ct
Suite, Apt. #, etc. 107



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0968738

Applied For

Not Applicable

Zip

33196

Country

DADE

Zip

33196

Country

DADE

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

GONZALEZ, MIRIAM E

Street Address (P.O. Box Number is Not Acceptable)

10131 SW 154 Ct

#107

City

MIAMI

FL

Zip Code

33196

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

Miriam E. Gonzalez
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	VD	<input type="checkbox"/> Delete
NAME	VALDES, ALEX M	
STREET ADDRESS	15235 S.W. 48 TERR., #C-85	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BOBES, ANTONIO L	
STREET ADDRESS	8357 W. FLAGLER ST., #107	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANTIAGO, CARMEN	
STREET ADDRESS	15235 SW 48TH TER., #C-85	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	GONZALEZ, MIRIAM E	
STREET ADDRESS	15235 SW 48 TERR #C-85	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	UP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, ALEX M	
STREET ADDRESS	10131 SW 154 Ct #107	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VALDES, DAVID/SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	10131 SW 154 Ct #107	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, CARMEN	
STREET ADDRESS	10131 SW 154 Ct #107	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MIRIAM E	
STREET ADDRESS	10131 SW 154 Ct #107	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Miriam E. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

Date

786-261

8761

Daytime Phone #

CR2E037 (9/01)