

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED

Aug 02, 2000 8:00 am
Secretary of State

05-31-2000 90069 015 ****61.25

DOCUMENT # 1999000007488

1. Entity Name

GREATER MIAMI MINORITY Housing Corporation

Principal Place of Business

16041 SW 110 ST
MIAMI FL 33196

Mailing Address

16041 SW 110 ST
MIAMI FL 33196

2. Principal Place of Business

16041 SW 110 ST
Suite, Apt. #, etc.

3. Mailing Address

16041 SW 110 ST
Suite, Apt. #, etc.
MIAMI FL 33196

City & State

MIAMI FL

City & State

MIAMI FL 33196

4. FEI Number

65-0985261

Applied For

Not Applicable

Zip

33196

Country

Zip

33196

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ILFRENISE STEPHEN
16041 SW 110 ST
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

ILFRENISE STEPHEN

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

16041 SW 110 ST

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

[Signature]

ILFRENISE STEPHEN Vice President 04/20/00

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 PTO
NAME
STREET ADDRESS
CITY-ST-ZIP
MARC Stephen

TITLE VTD
NAME
STREET ADDRESS
CITY-ST-ZIP
ILFRENISE STEPHEN

TITLE SEC D
NAME
STREET ADDRESS
CITY-ST-ZIP
STALINA CINE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
16041 SW 110 ST MIAMI FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
16041 SW 110 ST MIAMI FL 33196

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CITY-ST-ZIP

TITLE
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:

[Signature]

ILFRENISE STEPHEN 04/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #