

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-31-2001 90004 005 \*\*\*150.00

**DOCUMENT # P0000004143**

1. Entity Name

**HOUSING TRUST MANAGEMENT GROUP, INC.**

Principal Place of Business

3225 Aviation Avenue,

Suite 700

Coconut Grove, FL 33133

Mailing Address

3225 Aviation Avenue,

Suite 700

Coconut Grove, FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1083725

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**A0072146**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

Stewart Marcus

3225 Aviation Avenue, Suite 700

Coconut Grove, FL 33133

**7. Name and address of New Registered Agent**

Name

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

City

FL

Zip

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution. ☐**\$5.00** May Be☐ Added to Fees**11. OFFICERS AND DIRECTORS**TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP

PD

Stewart Marcus

3225 Aviation Avenue, Suite 700

Coconut Grove, FL 33133

☐ DeleteTITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP☐ Delete**12. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

STEWART MARCUS

PRESIDENT

4/30/01

(305) 860-8188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #