

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90075 001 ***150.00

DOCUMENT # P00000018500

1. Entity Name
COLLABORATIVE HOUSING NETWORK, INC.

Principal Place of Business
**7880 N. UNIVERSITY DR., STE. 201
TAMARAC FL 33321**

Mailing Address
**7880 N. UNIVERSITY DR., STE. 201
TAMARAC FL 33321**

2. Principal Place of Business
1432 S.W. 106 WAY
Suite, Apt. #, etc.

3. Mailing Address
1432 S.W. 106 WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DAVIE, FL
Zip
33324
Country
BROWARD

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DAVIE, FL
Zip
33324
Country
BROWARD

4. FEI Number
65-0991067
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSEN, JEROME L
7880 N. UNIVERSITY DR., STE. 201
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name
DONALD REIS
Street Address (P.O. Box Number is Not Acceptable)
1432 S.W. 106 WAY
City
DAVIE FL Zip Code
33324

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 **x Donald Reis**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/01
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
D ☐ Delete
NAME
REIS, DONALD
STREET ADDRESS
4515 NW 31ST AVE.
CITY-ST-ZIP
FT. LAUDERDALE FL 33309

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
1432 S.W. 106 WAY
CITY-ST-ZIP
DAVIE, FL 33324

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

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

TITLE
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CITY-ST-ZIP

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

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

13. 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 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: **x Donald Reis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01
Date

2954/320 5044
Daytime Phone #

CR2E034 (10/00)