

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90125 010 \*\*\*150.00

DOCUMENT # P00000018500

1. Entity Name

COLLABORATIVE HOUSING NETWORK INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11090 CAMERON CT

Suite, Apt. #, etc.

102

3. Mailing Address

11090 CAMERON CT

Suite, Apt. #, etc.

102

DO NOT WRITE IN THIS SPACE

City & State

DAVIE FLORIDA

City & State

DAVIE FLORIDA

4. FEI Number

65-0991067

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33324

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DONALD REIS

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

11090 CAMERON CT

APT 102

City

DAVIE

FL

Zip Code 33324

**DO NOT WRITE  
IN THIS SPACE**

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

Donald E Reis

4/15/02

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

0

DONALD REIS

11090 CAMERON CT #102

DAVIE, FL 33324

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald E Reis

4/15/02

Date

Daytime Phone #

954/328-5044

CR2ED34B (12/01)