

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90069 002 ***150.00

DOCUMENT # P00000063489



1. Entity Name
AFFORDABLE HOUSING & DEVELOPMENT CONSULTANTS, INC.
C.

Principal Place of Business
P.O. BOX 56-2195
MIAMI FL 33256-2195

Mailing Address
P.O. BOX 56-2195
MIAMI FL 33256-2195



2. Principal Place of Business
7725 ROYALE RIVER LN
Suite, Apt. #, etc.

3. Mailing Address
7725 ROYALE RIVER LN
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
LAKE WORTH, FL
Zip
33467 Country
USA

City & State
LAKE WORTH, FL
Zip
33467 Country
USA

4. FEI Number
65-1030809 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HERSH, JEFFREY S ESQ.
708 W. 51ST ST, STE. 2
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent
Name
JEFFREY S. HERSH, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
18999 BISCAYNE BLVD
SUITE 204
City
AVENTURA FL Zip Code
33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)
DATE
2/26/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HERSH, BARRY P.O. BOX 56-2195 MIAMI FL 33256-2195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HERSH, JEFFREY P.O. BOX 56-2195 MIAMI FL 33256-2195
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7725 ROYALE RIVER LANE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7725 ROYALE RIVER LANE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03 561-434-3432
Date Daytime Phone #

CR2E034 (10/02)