

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90782 010 ***150.00

DOCUMENT # P01000052131

1. Entity Name
Housing of Florida, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10730 Washington street

3. Mailing Address
10730 Washington street

Suite, Apt. #, etc.
Ap. 203

Suite, Apt. #, etc.
Ap. 203

City & State
Pembroke Pines

City & State
Pembroke Pines

4. FEI Number
65-1133786

Applied For
Not Applicable

Zip
33025

Country
USA

Zip
33025

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Rodrigo Jose Tejada.

Street Address (P.O. Box Number is Not Acceptable)
10730 Washington street Ap. 203

City
Pembroke Pines

FL

Zip Code
33025

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.26

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
Tejada Victor Manuel
10730 Washington street Ap203
Pembroke Pines, FL, 33025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Date

Daytime Phone #

CR2E034B (12/01)