

**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

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE  
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]*  
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 Ap 203 Pembroke Pines, FL, 33025
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)