☐ Change

☐ Addition

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

P01000114123

Sep 15, 2002 8:00 am Secretary of State 1. Entity Name 09-15-2002 90087 041 ***558.75 NATIONAL HOUSING ALLIANCE, INC. Mailing Address Principal Place of Business 2440 SOUTH FEDERAL HIGHWAY 2440 SOUTH FEDERAL HIGHWAY STUART FL 34994 STHART FI 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 115664 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOLOMON, LYNN Street Address (P.O. Box Number is Not Acceptable) 324 DATURA STREET SUITE 235 WEST PALM BEACH FL 33401 Zip Code City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (4/05) TITLE XDelete TITLE RICHARDSON, IVAN NAME NAME South Federal Hury 2440 SOUTH FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP sident ☐ Addition Delete TITLE Change TITLE RICHARDSON NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Delete

SIGNATURE

TITLE NAME

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.