

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90098 050 ***150.00

60021501



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000032615

1. Entity Name

RICHMOND PINE HOUSING CORPORATION

Principal Place of Business

Mailing Address

7800 SW 57TH AVENUE
 SUITE 133
 SO. MIAMI FL 33143
 US

7800 SW 57TH AVENUE
 SUITE 133
 SO. MIAMI FL 33143-5523
 US

2. Principal Place of Business

7800 SW 57 AVE.

3. Mailing Address

7800 SW 57 AVE.

Suite, Apt. #, etc.

SUITE 213

Suite, Apt. #, etc.

SUITE 213

City & State

South Miami, FLA.

City & State

South Miami, FLA.

Zip

33143

Country

USA

Zip

33143

Country

USA

4. FEI Number

65-0564837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, MITCHELL M
 7800 SW 57TH AVENUE
 SUITE 133
 SO. MIAMI FL 33143

7. Name and Address of New Registered Agent

Name R. RAY GOODE

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

7800 SW 57 AVE, STE. 213

City South Miami

FL

Zip Code 33158

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-00

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, MITCHELL M	
STREET ADDRESS	7800 SW 57TH AVENUE, STE. 133	
CITY-ST-ZIP	SO. MIAMI FL 33143	
TITLE	S	<input type="checkbox"/> Delete
NAME	STOKES, WILLIAM	
STREET ADDRESS	7800 SW 57TH AVENUE, STE. 133	
CITY-ST-ZIP	SO. MIAMI FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOODE, R. RAY	
STREET ADDRESS	7800 SW 57TH AVENUE, STE. 133	
CITY-ST-ZIP	SO. MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STOKES, WILLIAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7800 SW 57 AVE. STE. 213	
STREET ADDRESS	SOUTH MIAMI, FLA. 33143	
CITY-ST-ZIP		
TITLE	GOODE, R. RAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7800 SW 57 AVE. STE. 213	
STREET ADDRESS	SOUTH MIAMI, FL 33143	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-00

014 (9/99)