JUN.30.2003 9:51AM NO.903 P.1/1

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053844

1. Entity Name

GREATER MIAMI AFFORDABLE PROPERTIES INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 14 PM 3:30

DO NOT WRITE IN THIS SPACE

000021761130
07/24/03--01013--025 **150.00

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2. Principal Place of Business	3. Mailing Address
2972 NW 22nd St	2972 NW 22nd St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL.	City & State: Miami FL.
Zip: 33142 Country: U.S.A	Zip: 33142 Country: U.S.A

4. FEI Number: 650425997 ☐ Applied For ☐ Not Applicable

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: Orald Stewart

Street Address (P.O. Box Number is Not Acceptable): 2972 NW 22nd St

Miami

City: FL Zip Code: 33142

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: Orald Stewart

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	ORALD STEWART	NAME	
STREET ADDRESS	2972 NW 22nd St.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33142	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Orald Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #