

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90007 025 ***158.75

DOCUMENT # P94000025058

1. Entity Name

SOLUTIONS-HAMMOCK, INC.

Principal Place of Business

Mailing Address

**757 ARTHUR GODFREY RD
MIAMI BEACH FL 33140
US****757 ARTHUR GODFREY RD
MIAMI BEACH FL 33140-3413
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0545489

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAIMAN, BARRY G
% AFFORDABLE HOUSING SOLUTIONS FOR FLORIDA
757 ARTHUR GODFREY RD
MIAMI FL 33140**

Name

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

City

FL

Zip Code

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) ☐**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 **DP** ☐ Delete
NAME **HAIMAN, BARRY G**
STREET ADDRESS **801 COLLINS AVE**
CITY-ST-ZIP **BAL HARBOUR FL 33154**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **AMAYA, MORRIS**
STREET ADDRESS **14629 SW 104 ST 216**
CITY-ST-ZIP **MIAMI FL 33186**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **JONES, LUVERNE**
STREET ADDRESS **1 SE 3RD AVE 20TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LITTLE, DEWAYNE L**
STREET ADDRESS **1250 FUNSTON ST**
CITY-ST-ZIP **HOLLYWOOD FL 33019**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GOLDBERG, LARRY**
STREET ADDRESS **C/O COLONIAL BANK 301 41ST ST**
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **BROWN, MISTY**
STREET ADDRESS **C/O COMM. MOSS, 111 NW 1ST ST**
CITY-ST-ZIP **MIAMI FL 33128**TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-00 305-532-5707

CR2E034 (9/99)