

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90088 020 ***158.75

DOCUMENT # P94000025058

1. Entity Name
SOLUTIONS-HAMMOCK, INC.

Principal Place of Business

~~757 ARTHUR GODFREY RD~~
~~MIAMI BEACH FL 33140~~
1108 Kane Concourse, Suite 307
Bay Harbor Islands, FL 33154

Mailing Address

~~757 ARTHUR GODFREY RD~~
~~MIAMI BEACH FL 33140~~
US 1108 Kane Concourse, Suite 307
Bay Harbor Islands, FL 33154

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~~ **1108 Kane Concourse, Suite 307**
~~MIAMI FL 33140~~ **Bay Harbor Islands, FL 33154**

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, 2002 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 **D** ☐ Change ☒ Addition
 NAME **BARASCH, STUART**
 STREET ADDRESS **353 W. 47 STREET**
 CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **D** ☐ Delete
 NAME **MCNABB, ROBERT F**
 STREET ADDRESS **9500 SW 184 STREET**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Change ☒ Addition
 NAME **HARRISON, BETSY**
 STREET ADDRESS **34 PATTON DRIVE**
 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **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-ZIP

TITLE **D** ☒ Delete
 NAME **GAUBERT, GLENDA**
 STREET ADDRESS **1200 BRICKELL AVENUE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GORDON, ALAN**
 STREET ADDRESS **628 8TH AVE NORTH**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1997 SPOONBILL STREET**
 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32224**

TITLE **D** ☐ Delete
 NAME **MAYES, CARL**
 STREET ADDRESS **6602 NW 3RD STREET**
 CITY-ST-ZIP **MARGATE FL 33063**

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 #

3-30-02 305-865-4555

CR2E034 (9/01)