

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092729

1. Entity Name

AFFORDABLE NEIGHBORHOODS, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90275 035 ***158.75

Principal Place of Business

2665 S BAYSHORE DRIVE STE 202
COCONUT GROVE FL 33133

Mailing Address

2665 S BAYSHORE DRIVE STE 202
COCONUT GROVE FL 33133

00037516



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9400 S Dadeland Blvd.

3. Mailing Address

9400 S Dadeland Blvd.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0722744

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEUTCH, RICHARD E JR
2665 S BAYSHORE DR
STE 202
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name Richard C. Deutch, Jr.

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

1 SE 3rd AVE

Suite 3050

City miami

FL

Zip Code

33131

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, 2001 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

TITLE C ☐ Delete
NAME WOLFSON, LOUIS III
STREET ADDRESS 2665 S BAYSHORE DR STE 202
CITY-ST-ZIP COCONUT GROVE FL

TITLE P ☐ Delete
NAME WOHL, MICHAEL D.
STREET ADDRESS 2665 S BAYSHORE DR STE 202
CITY-ST-ZIP COCONUT GROVE FL

TITLE ST ☐ Delete
NAME ANGULO, VICTOR
STREET ADDRESS 2665 S BAYSHORE DR STE 202
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☒ Change ☐ Addition
NAME WOLFSON, LOUIS III
STREET ADDRESS 9400 S Dadeland Blvd, #100
CITY-ST-ZIP Miami, FL 33156

TITLE P ☒ Change ☐ Addition
NAME Wohl, Michael D
STREET ADDRESS 9400 S Dadeland Blvd, #100
CITY-ST-ZIP Miami, FL 33156

TITLE ST ☒ Change ☐ Addition
NAME Angulo, Victor
STREET ADDRESS 6001 SW 116 Street
CITY-ST-ZIP Miami, FL 33156

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

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

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 #

Michael D. Wohl 4/11/01 (305) 854-7100

CR2E034 (10/00)