

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078952	
1. Entity Name HOUSING TRUST INTERNATIONAL, INC.	
Principal Place of Business 3225 Aviation Avenue, Suite 700 Coconut Grove, FL 33133	Mailing Address 3225 Aviation Avenue, Suite 700 Coconut Grove, FL 33133
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

FILED
01 MAY -1 PM 1:08
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 65-0781000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Stewart Marcus 3225 Aviation Avenue, Suite 700 Coconut Grove, FL 33133		7. Name and address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip	
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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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Stewart Marcus 3225 Aviation Avenue, Suite 700 Coconut Grove, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Peter F. Fagan 3225 Aviation Avenue, Suite 700 Coconut Grove, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	LS 400004287374--1 -05/22/01--01072--008 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 <i>Stewart Marcus</i> STEWART MARCUS	RESIDENT 4/30/01 (305) 860-8188 Date Daytime Phone #