

2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
May 10, 2000 8:00 am
Secretary of State

01-29-2000 90024 023 ***150.00

DOCUMENT # P97000083937

1. Entity Name

PENINSULA HOUSING, INC.

Principal Place of Business

Mailing Address

~~1230 NW 7TH ST~~
~~MIAMI FL 33129~~

~~1230 NW 7TH ST~~
~~MIAMI FL 33129~~

2. Principal Place of Business
2730 SW 3rd. Ave.

3. Mailing Address
Same as 2.

Suite, Apt. #, etc.

Suite No.401

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

65-0997211

APPLIED FOR

Applied For

Not Applied For

Zip **33129**

Country

Dade

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, GARY V
1230 NW 7TH ST
MIAMI FL 33125

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
 NAME **ERONCIG, BARTON J.**
 STREET ADDRESS **10 EDGEWATER DRIVE UNIT PHK**
 CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE **S** ☐ Delete
 NAME **ERONCIG, BARTON J.**
 STREET ADDRESS **10 EDGEWATER DRIVE UNIT PHK**
 CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 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 reports 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 or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Barton J. Eroncig

Jan. 21/00

(305) 285-0181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #