

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2000 8:00 am
Secretary of State

06-15-2000 90004 039 ***150.00

DOCUMENT # **P99 060085415**

1. Entity Name

R

AFFORDABLE HOUSING AND INVESTMENTS, INC.

Principal Place of Business

Mailing Address

2024 BRUTON BLVD.
ORLANDO, FL. 32805

SAME

2. Principal Place of Business

3. Mailing Address

2024 BRUTON BLVD

2024 BRUTON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Country

Zip

Country

32805

U.S.

32805

U.S.

4. FEI Number

Applied For

59-3611667

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

PATRICIA TRUSS-SIMON
2024 BRUTON BLVD.
ORLANDO, FL 32805

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

Patricia Truss-Simon

06/01/00

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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PRESIDENT / DIRECTOR
PATRICIA SIMON
4451 RING NECK ROAD
ORLANDO, FL 32808

ALL
(SAME AS ABOVE)

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:

Patricia Simon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/01/00 297-1186

DATE

Daytime Phone #

CR2E034 (9/99)