

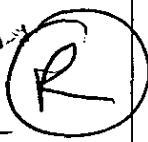
**2000 UNIFORM BUSINESS REPORT (UBR)**

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

06-15-2000 90004 039 \*\*\*150.00

DOCUMENT # *999 060085415*

1. Entity Name



**AFFORDABLE HOUSING AND INVESTMENTS, INC.**

Principal Place of Business: **2024 BRUTON BLVD. ORLANDO, FL. 32805**  
 Mailing Address: **SAME**

**00064462**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **2024 BRUTON BLVD**  
 Suite, Apt. #, etc.: **N/A**

3. Mailing Address: **2024 BRUTON BLVD**  
 Suite, Apt. #, etc.: **N/A**

City & State: **ORLANDO, FL**  
 Zip: **32805**  
 Country: **U.S.**

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 Zip: **32805**  
 Country: **U.S.**

4. FEI Number: **59-3611667**  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:  
**PATRICIA TRUSS-SIMON**  
**2024 BRUTON BLVD.**  
**ORLANDO, FL 32805**

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: *Patricia Truss-Simon*

DATE: *06/01/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

**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*

DATE: *06/01/00* (401)  
 Daytime Phone #: *297-1186*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/99)