2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$19584** Feb 07, 2000 8:00 am 1. Entity Name Secretary of State ST JOHN HOUSING CORPORATION, INC. 02-07-2000 90048 013 ***158.75 Principal Place of Business Mailing Address % ST JOHN CDC % ST JOHN CDC P.O. BOX 015344 P.O. BOX 015344 MIAMI FL 33101-5344 MIAMI FL 33101-5344 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0241237 Not Applicable Country \$8.75 Additional Zip Country X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAYS, DAVID E Street Address (P.O. Box Number is Not Acceptable) 1324 NW THIRD AVENUE MIAMI FL 33136 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete PRESIDENT ■ Addition TITLE TITLE JOHNNIE L. KING NELSON, L. ADAMS I M.D. NAME NAME STREET ADDRESS 1310 NW 52ND STREET 1098 N.E. 95TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI SHORES FL MIAMI, FLORIDA 33142 ☐ Addition Change ☐ Delete TITLE TITLE JOHN H TAYLOR NAME NAME STREET ADDRESS 1465 NW 203RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 ☐ Addition ☐ Delete Change TITLE TITLE BAKER, ROBERT NAME NAME 1760 N.W. 132ND ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition X Delete TITLE KING, JOHNNIE L. NAME STREET ADDRESS STREET ADDRESS 1310 N.W. 52ND ST. CITY-SI-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition Delete TITLE TITLE ROBINSON, ANDREW NAME STREET ADDRESS STREET ADDRESS 720 N.E. 115 TERR. CITY-ST-7IP CITY-ST-ZIP N. MIAMI FL Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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:

REQJOHN H. OTAYLOR GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

305-653-8505