

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V29932**

1. Entity Name  
**HOUSING CONCEPTS, INC.**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90285 036 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business<br>22341 SW 66 AVE<br>SUITE 1207<br>BOCA RATON FL 33428<br>US | Mailing Address<br>22341 SW 66 AVE<br>SUITE 1207<br>BOCA RATON FL 33428-5953<br>US |
|---|--|

**004000**



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>65-0328982</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

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

**6. Name and Address of Current Registered Agent**  
**FRIEDMAN, DAVID**  
**22341 SW 66 AVE SUITE 1207**  
**BOCA RATON FL 33428**

**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 \_\_\_\_\_ (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<br><b>DP</b>                                  | <input type="checkbox"/> Delete |
| NAME<br><b>FRIEDMAN, DAVID</b>                      |                                 |
| STREET ADDRESS<br><b>22341 SW 66 AVE SUITE 1207</b> |                                 |
| CITY-ST-ZIP<br><b>BOCA RATON FL 33428</b>           |                                 |
| TITLE<br><b>V</b>                                   | <input type="checkbox"/> Delete |
| NAME<br><b>CENTORE, ROBERT FRANCIS</b>              |                                 |
| STREET ADDRESS<br><b>22341 SW 66 AVE SUITE 1207</b> |                                 |
| CITY-ST-ZIP<br><b>BOCA RATON FL 33428</b>           |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| 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: *David Friedman* **DAVID FRIEDMAN** 1/12/2000 561 883-9925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)