

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2003 8:00 am**  
**Secretary of State**

09-17-2003 90023 003 \*\*\*150.00

DOCUMENT # **U 29932**

1. Entity Name

**HOUSING CONCEPTS, INC**



Principal Place of Business

**22341 SW 66 AVE.  
SUITE 1207  
BOCA RATON FL 33428**

Mailing Address

**22341 SW 66 AVE.  
SUITE 1207  
BOCA RATON FL 33428**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0328982**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEDMAN, DAVID -**

**22341 SW 66 AVE.**

**SUITE 1207**

**BOCA RATON FL 33428**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FRIEDMAN, DAVID - P 22341 SW 66 AVE SUITE 1207 BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U CENTORE, ROBERT FRANCIS 22341 SW 66 AVE SUITE 1207 BOCA RATON, FL 33428</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOHN W. DALTON-VP 22341 SW 66 AVE SUITE 1207 BOCA RATON, FL 33428</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **DAVID FRIEDMAN** **9/15/03** **883-9925**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (4/03)

Attachment#

80148925

V29932

H O U S I N G   C O N C E P T S

22341 SW 66 AVE - SUITE 1207 - BOCA RATON, FL 33428

Phone 561 883-9925 - Fax 561 470-9181 - Email

DFREEDI014@YAHOO.COM

DEPT OF STATE  
DIVISION OF CORPORATIONS  
409 E GAINES STREET  
TALLAHASSEE FL 32399

RE: DOCUMENT # V29932

SEPTEMBER 15, 2003

GENTLEMEN:

I RESPECTFULLY REQUEST THAT YOU WAIVE THE PENALTY FOR  
FILING MY UNIFORM BUSINESS REPORT. THERE WERE PROBLEMS  
IN MY COMPLEX A FEW MONTHS AGO AND THAT WAS PROBABLY  
WHY I DID NOT RECEIVE THE RENEWAL FORM. I AM ENCLOSING  
A PHOTOCOPY OF A FORM THAT I HAD PREVIOUSLY. I AM  
ENCLOSING A CHECK FOR \$150.00 FOR THE RENEWAL FEE.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

VERY TRULY,

A handwritten signature in cursive script, appearing to read "David Friedman".

David FRIEDMAN, PRESIDENT