

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01-OCT-12-PM 3:36

DOCUMENT # N00000000372

1. Entity Name  
THE 202 HOUSING CORPORATION

Principal Place of Business Mailing Address

8500 N.W. 25TH AVE. 8500 N.W. 25TH AVE.  
MIAMI FL 33147 MIAMI FL 33147

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number  Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

WASHINGTON, LYNN C  
C/O HOLLAND & KNIGHT  
701 BRICKELL AVE., STE. 2800  
MIAMI FL 33131

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature: Typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when releasing)

FILE NOW: FEE IS \$67.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

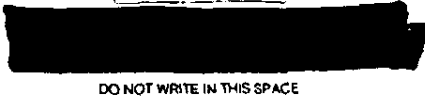
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Talmadge W. Fair 8500 N.W. 25th Avenue Miami, FL 33147 <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	Director R. Launita Gaiter 8500 N.W. 25th Avenue Miami, FL 33147 <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	Director Oliver L. Gross 8500 N.W. 25th Avenue Miami, FL 33147 <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"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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; 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 officer or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 03/30/01 OFFICER OR DIRECTOR

SECRETARY OF STATE, TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2037 (10/00)