

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90240 001 \*\*\*210.00

**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**



DO NOT WRITE IN THIS SPACE

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**      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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

TITLE NAME	<b>PD FAIR, TALMADGE W</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>8500 N.W. 25TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE NAME	<b>D GAITER, R. LAUNITA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>8500 N.W. 25TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE NAME	<b>D GROSS, OLIVER L</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>8500 N.W. 25TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 617, 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 like empowered.

SIGNATURE: *[Signature]*      **SIGNATURE REQUIRED**      **02/22/02**      **(305) 696-4450**

CR2E037 (9/01)