DOCUMENT # N96000006025 AMENDED					
DOCUMENT # N96000000024					DED
Urban Environment League				FILED	
				02 OCT 31 PM 1:41	
DO NOT WRITE IN THIS SPACE				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business  UNAMENUL TOTAL LEAGUE OFFICE 3. Malling Address  4. Malling Address  4. Malling Address  5. Malling Address  5. Malling Address  5. Malling Address  5. Malling Address  6. Malling Address  8. Malling Address  8. Malling Address  9. Ma				DO NOT WRITE IN THIS	S SPACE
City & S	iate 33,37	City & State  MLaml FL		4. FEI Number	Applied For
Zip )	37 Country USA	Zip 33/37	Country USA	5. Certificate of Status Desired	Not Applicable  \$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent				
Oregon L					
DO NOT WRITE Street Address (P.)				P.O Box Number is Not Acceptable)	
IN THIS SPACE					
		~~			
1			MIANI	F	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.					
h					
SIGNATURE// While					
Signature, typid or printed area of registered agent and tyte if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	· · · · · ·				
	FEE IS \$61.25	9. Election Campa		\$5.00 May Be Make Chec	k Payable to
	Initial or Amended UBR	Trust Fund Con	ntribution.	Added to Fees Departms	ent of State
10.	OFFICERS AND DIRE	CTORS			
TITLE,	Co-President		MILE		
NAME STREET ADORESS	Nancyllehma	$\mathcal{A}$	NAME		
CITY-ST-ZIP	16 Island AV	<i>33139</i>	STREET ADORESS. CITY ST. ZIP	20000851;	2772
TITLE	Vice President	00/97	THILE	<u> 10/22/0201051001</u>	**61_25
NAME	Maricarmen Mar	tines D	NAME		
STREET ADORESS	32 NE 39+4 St.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FLORIDA	33137	CITA: 21: SIb		
TITLE NAME	Co-Président	$D^{T}$	TITLE NAME		
STREET ADORESS	Andres Rivero	Blvd#1450	STREET ADDRESS	2000 - 200s - Sa II - 200 - 2000 - Sa II - 200 - 200 - 1	
CITY-ST-ZIP	201 S. BISCALINE MIAHI, FLORIDA	33131	CHY ST-ZIP	DO NOT WRI	See .
_TITRE	Treasurer		IME	IN THIS SPA	bod Store
STREET ADDRESS	Carmen Ferrei	ro $V$	NAME STREET ADDRESS	III IIIIO OFA	los box
CITY-ST-ZIP	20515 SW 117 Ct & HIAMI, FLORIDA	32/77	CITY-ST-ZIP		
nne	Serretary	<i>y</i>	ine		
NAME	Albert HARUM-ALL	irez D	NAME		
STREET ADDRESS CITY-ST-ZIP	7998 5W 58 Terr		STREET ADDRESS CITY-ST-ZIP		
TITLE	MITHUL, FLORIDA	33156			
NAME			TITLE NAME		
STREET ADDRESS			STREET ADDRESS		

<sup>12.</sup> 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 on an attachment with an address, with all other like empowered.