

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90024 010 ****61.25

DOCUMENT # N93000003330

1. Entity Name
 COMMUNITY PARTNERSHIP FOR HOMELESS, INC ✓

Principal Place of Business Mailing Address
 1550 N. MIAMI AVENUE 1550 NORTH MIAMI AVENUE
 MIAMI, FL. 33136 MIAMI, FLORIDA 33136-2015

769841

2. Principal Place of Business 3. Mailing Address
 Suits, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0425069 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Kathy C. Harris
 1550 North Miami Avenue
 Miami, FL 33136
 7. Name and Address of New Registered Agent
 Name ALFREDO BROWN
 Street Address (P.O. Box Number is Not Acceptable) 1550 NORTH MIAMI AVENUE
 City MIAMI FL Zip Code 33136

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 Alfredo R. Brown DATE 4/27/01
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alvah H. Chapman, Jr.		NAME		
STREET ADDRESS	One Herald Plaza, 6th Floor		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33132		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James L. Armstrong III		NAME		
STREET ADDRESS	4911 Alhambra Circle		STREET ADDRESS		
CITY-ST-ZIP	Coral Gables, FL 33146		CITY-ST-ZIP		
TITLE	SO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KYNN B. LEWIS		NAME		
STREET ADDRESS	1390 Brickell Ave, Suite 280		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Migoya		NAME		
STREET ADDRESS	200 South Biscayne Blvd.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John P. Hashagen		NAME		
STREET ADDRESS	777 Brickell Avenue		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131-2803		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. Ray Goode		NAME		
STREET ADDRESS	3600 NW 82 Avenue		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		

CPRE037 (11/00)

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: Alvah H. Chapman Jr. DATE: 4/30/01 DAYTIME PHONE #: 305-376-3870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #