

2001 UNIFORM BUSINESS REPORT (UBR)

0005007 AF

DOCUMENT # **A30569**

1. Entity Name

URBAN LEAGUE APARTMENTS, LTD.

FILED

01 APR 23 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

8500 NORTHWEST 25TH AVENUE
MIAMI FL 33147

Mailing Address

8500 NORTHWEST 25TH AVENUE
MIAMI FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0173757

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUSING DEVELOPMENT CORPORATION
8500 NORTHWEST 25TH AVENUE
MIAMI FL 33147

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$507,729.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # N15077
NAME HOUSING DEV. CORP.
STREET ADDRESS 8500 N.W. 25TH AVE.
CITY-ST-ZIP MIAMI FL

STREET ADDRESS

CITY-ST-ZIP

900004162029--6

-05/08/01--01068--002

***\$35.00 ***\$35.00

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

03/30/01 305/696-4450

CR2E003 (11/00)