

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90014 047 ****61.25

DOCUMENT # F97000004440

1. Entity Name
NATIONAL URBAN FELLOWS, INC.

Principal Place of Business Mailing Address
55 WEST 44TH ST STE 600 **55 WEST 44TH ST STE 600**
NEW YORK NY 10036 **NEW YORK NY 10036**

549854



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
59 JOHN STREET **59 JOHN STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste. 310 **SUITE 310**
 City & State City & State
New York, New York **New York, New York**
 Zip Zip
10038 **10038**
 Country Country

4. FEI Number Applied For
23-7404350 Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324

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 STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> BURTS, EZUNIAL 350 SO BIXEL ST LOS ANGELES CA 90051-1696 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> LEE, MARY WONG 1403 PASEO MARAVILLA SAN DIMAS CA 91773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> D LOGUE, FRANK 173 LIVINGSTON ST NEW HAVEN CT 06511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> D TEDESCO, TED 1217A SALSPIUEDES AVE SANTA BARBARA CA 93103 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> P ALVAREZ, LUIS 55 WEST 44TH ST STE 600 NEW YORK NY 10036 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> S ECHEVESTE, ADOLFO PO BOX 24152 TEMPE AZ 85285 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D BURTS, EZUNIAL 350 SO. BIXEL ST LOS ANGELES CA 90051-1696 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> CD Lee, Mary Wong 1403 PASEO MARAVILLA SAN DIMAS CA 91773 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> VC BIVENS, Michael 200 Colonial Home Drive #608 Atlanta, Georgia 30309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> D/T MR. GRAHAM WATT 1800 South Ocean Drive FT. Lauderdale, FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> D MR. GEORGE CARVALHO 23920 Valencia Blvd. Suite 300 Santa Clarita, CA 91355 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> D MR. Robert K Goodwin 1401 I Street NW Suite 800 Washington, DC 20005 <input type="checkbox"/> Change <input checked="" 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. 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]* **SECRETARY OF STATE** 4/30/01 (212) 349-6200

CRE037 (10/00)

Document #
F470000044410

049854

Title: D
Name: Rev Carolyn N Graham
Street Address: 441 4th Street NW Suite 920S
City -State-Zip: Washington DC 20001

Change

Addition

Title: D
Name: Hon. Harvey Johnson Jr.
Street Address: 1141 Hallmark Drive
City -State-Zip: Jackson, MS 39206

Change

Addition

Title: D
Name: Mr. Benjamin Reyes
Street Address: 41 West Congress Parkway, Suite 300
City -State-Zip: Chicago, IL 60605

Change

Addition