

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007363

FILED  
Sep 11, 2002  
Secretary of State

**Entity Name:** BROWNSVILLE COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

2799 NW 46TH STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

2799 NW 46TH STREET  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 26-0010920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLACK, ROBERT J  
901 PONCE DE LEON  
PENTHOUSE STE  
CO4RAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

BLACK, ROBERT J  
901 PONCE DE LEON  
PENTHOUSE STE  
CORAL GABLES, FL 33134 US

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:

09/11/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CHMD ( ) Delete  
Name: LOVETT, LARRIE M  
Address: 2799 NW 46TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: VCHM ( ) Delete  
Name: FARRINGTON, MILDRED  
Address: 4530 NW 27 AVE.  
City-St-Zip: MIAMI, FL 33142

Title: DS ( ) Delete  
Name: HUNTER, THADDEUS  
Address: 524 NW 52ND STREET  
City-St-Zip: MIAMI, FL 33142

Title: DT ( ) Delete  
Name: MCPHEE, ANN  
Address: 2744 NW 46TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: SMITH, DERRICK  
Address: 3045 NW 49TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: WILLIAMS, DOCIE  
Address: 4651 NW 32ND AVE  
City-St-Zip: MIAI, FL 33142

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRIE M. LOVETT

CHMD

09/11/2002

Electronic Signature of Signing Officer or Director

Date