

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008496

FILED
Apr 22, 2003
Secretary of State

Entity Name: UPTOWN COMMUNITY DEVELOPERS, INC.

Current Principal Place of Business:

501 N. BISCAYNE RIVER DR
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

501 N. BISCAYNE RIVER DR
MIAMI, FL 33169

New Mailing Address:

FEI Number: 30-0110285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHESTER, WALLACE B
501 N. BISCAYNE RIVER DR
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHESTER, WALLACE B
Address: 501 N. BISCAYNE RIVER DR
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: TAYLOR, DON
Address: 1490 NW 52ND ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: SMITH, AL
Address: 6733 SW 20TH ST
City-St-Zip: MIRAMAR, FL 33023

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:

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: WALLACE B. CHESTER

D

04/22/2003

Electronic Signature of Signing Officer or Director

Date