


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90997 001 \*\*\*457.50

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # N39811</b>  |         |  |         |
| 1. Entity Name<br><b>URBAN LEAGUE HOUSING PARTNER, INC.</b>   |         |   |         |
| Principal Place of Business<br><b>8500 N. W. 25 AVENUE<br/>MIAMI FL 33147</b>   |         | Mailing Address<br><b>8500 N. W. 25 AVENUE<br/>MIAMI FL 33147</b>                 |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |
| 6. Name and Address of Current Registered Agent<br><b>FAIR, TALMADGE W<br/>8500 N.W. 25TH AVENUE<br/>MIAMI FL 33147</b>   |         | 7. Name and Address of New Registered Agent                                       |         |
| Name  |         | Name  |         |
| Street Address (P.O. Box Number is Not Acceptable)  |         | Street Address (P.O. Box Number is Not Acceptable)                                |         |
| City  |         | 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. I am familiar with, and accept the obligations of registered agent. |         |   |         |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |         |   |         |
| DATE _____  |         |   |         |



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0350370** Applied For  
Not Applicable

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FAIR, TALMADGE W.</b><br><b>8500 NW 25TH AVE.</b><br><b>MIAMI FL</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GROSS, OLIVER</b><br><b>8500 NW 25TH AVE.</b><br><b>MIAMI FL</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GAITER, R. LAUNITA</b><br><b>8500 N.W. 25TH AVE.</b><br><b>MIAMI FL 33147</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]* **04/03/03 305/996-4450**

CR2E037 (10/02)