

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90102 004 \*\*\*\*61.25

**DOCUMENT # N93000003330**

1. Entity Name

**COMMUNITY PARTNERSHIP FOR HOMELESS, INC.**

Principal Place of Business

**1550 N. MIAMI AVE.  
 MIAMI FL 33136  
 US**

Mailing Address

**1550 NORTH MIAMI AVENUE  
 MIAMI FL 33136  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0425069**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, ALFREDO  
 1550 N MIAMI AVE  
 MIAMI FL 33136**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>CHAPMAN, ALVAH H JR.</b>	
STREET ADDRESS	<b>1 HERALD PLAZA 6TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MIGOYA, CARLOS A</b>	
STREET ADDRESS	<b>200 S. BISCAYNE BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>LEWIS, LYNN B</b>	
STREET ADDRESS	<b>1390 BRICKELL AVE. STE. 280</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARMSTRONG, JAMES L III</b>	
STREET ADDRESS	<b>4911 ALHAMBRA CIRCLE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HASHAGEN, JOHN P</b>	
STREET ADDRESS	<b>777 BRICKELL AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131-2803</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>RAYGOODE, R</b>	
STREET ADDRESS	<b>3600 NW 82 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/02**  
 Date

**305 325-3000**  
 Daytime Phone #

CR2E037 (9/01)