

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

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

04-21-2003 90348 009 ****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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0425069**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, ALFREDO
1550 N MIAMI AVE
MIAMI FL 33136

7. Name and Address of New Registered Agent

Name

H. DANIEL VINCENT

Street Address (P.O. Box Number is Not Acceptable)

1550 NORTH MIAMI AVENUE

City

MIAMI

FL

Zip Code
33136

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

H. Daniel Vincent

4/17/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **CHAPMAN, ALVAH H JR.**
STREET ADDRESS **1 HERALD PLAZA 6TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **TD** ☐ Delete
NAME **MIGOYA, CARLOS A**
STREET ADDRESS **200 S. BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **SD** ☐ Delete
NAME **LEWIS, LYNN B**
STREET ADDRESS **1390 BRICKELL AVE. STE. 280**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
NAME **ARMSTRONG, JAMES L III**
STREET ADDRESS **4911 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☐ Delete
NAME **HASHAGEN, JOHN P**
STREET ADDRESS **777 BRICKELL AVE**
CITY-ST-ZIP **MIAMI FL 33131-2803**

TITLE **D** ☐ Delete
NAME **RAYGOODE, R**
STREET ADDRESS **3600 NW 82 AVE**
CITY-ST-ZIP **MIAMI FL 33166**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **CHAPMAN, ALVAH H. JR.**
STREET ADDRESS **1 HERALD PLAZA 6TH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CHAIRMAN** ☒ Change ☐ Addition
NAME **RAY GOODE R**
STREET ADDRESS **3600 NW 82 AVE.**
CITY-ST-ZIP **MIAMI, FL 33166**

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:

S. H. ROSENBERG

4-27-03

CR2E037 (10/02)