

FLORIDA DEPARTMENT OF STATE :/ethadag Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # N94000004218

UNITED RESIDENT COUNCIL OF THE HOUSING AUTHORITY OF THE CITY OF FORT LAUDERDALE, INC

Mailing Address

FILED

99 NOV 19 AM 10: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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1701 SW 2 STREET FORT LAUDERDALE,FL 33312	1701 SW 2 ST FORT LAUDERD 33312		amended			
2 Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed			
211701SW 2nd STREET	²⁶ 1701 SW 2nd	STREET	6-29-94			
Suite, Apt. #, etc.	Suite, Apt #, etc.		4. FEI Number		<u> </u>	olied For
[22] 20	27 20		65-0587943		\$8.75 A	Applicable
City & State	City & State		5. Certifcate of Status Desired		Fee Rec	
23 FORT LAUDERDALE, FL Country	28 FORT LAUDERI	Country FI.	6. Election Campaign Financing		\$5.00	
, r.,	22242	USA	Trust Fund Contribution		Added to	• ;
24. 33312 25 USA 9. Name and Address of C	urrent Registered Agent		10. Name and Address of New R	egistered A	gent	
		81 Name	CEDEC BROWN			
JEFF WHITELOW			CEDES BROWN dress (P.O. Box Number is Not Accepta	ble)		
2062 NW 43rd TERRACE		170	1 SW 2nd STREET			
LAUDERHILL, FL 33313	3	83 # 2	.0			
		84 City FORT		F1	85 Zip C	ode
		FORT	LAUDERDALE	<u> </u>	<u> </u>	12
11. Pursuant to the provisions of Sections 61 office or registered agent, or both, in the 9	state of Florida. Such change was aut	iorizea dy ine cordora	rporation submits this statement for the lition's board of directors. I hereby accep	purpose or c t the appoint	nanging ns r Iment as reg	jistered
agent I am familiar with, and accept the o	obligations of, Section 617.0503, Florid	a Statutes.				
SIGNATURE THEREON 49	MERO ed agent and ulle if applicable (NOTE Ri	CEDES BROW	N shan caladahaa)	10-29	1-99	
	IS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
P/DIRECTOR	DELETE	11707) 6			Change	Addition
Tybikediok	**	1.2 NAME	T/DIRECTOR			
MAURICE PHILLI		1.3 STREET ADDRESS P	AULINE WILLIAMS			
1523 NW 23 AVE	FTL.FL 33311	1.4 CITY-ST-ZIP	00 SW 18 AVE #417	FTL.	FL 33	312
TILL F	Cy OELETE		DIRECTOR		Change	Addition
V/DIRECTOR	A	22 NAME S	HIRLEY CARSON			
STREET ADDRESS VANESSA WILSON			436 NW 6th STREET	#4		
$_{\rm j.Oh\cdot S^{1}.20}$ 816 NW 14th AV	E #48 FTL,FL 3331	12 4 CITY-ST-ZIP F	ORT LAUDERDALE, FL	33311		
T/DIRECTOR	☐ X DELETE	31 TITLE	T/DIRECTOR		Change	Addition
SCHNEIL HOLMES			ERCEDES BROWN			
SIMELLACURESS 771 NW 12th TE		3.3 STREET ADDRESS 1	701 SW 2nd # 20	2224	2	
FORT LAUDERDAL	E, FL 33311	3.4. CITY-ST-ZIP	ORT LAUDERDALE, FI	<u> 3331</u>	∠ ☐ Change	Addition
TAF	DELETE	4.1 TITLE				
A,459;		4. 2 NAME	SOCHOL			
\$ (M;) A2(0)6(-5; 8)		4.3 STREET ADDRESS	-12/02/3		387 - OO	11
City St Ziet	[] DELETE	4.4 CITY-ST-ZIP	****	. 25 4	Change	Addition
Title	Clostele	5.1 TITLE 5.2 NAME				
1 NAME		5.3 STREET ADDRESS				
SIRE: LADURESS		5.4 CITY-ST-ZIP				
TITLE	[] DELETE	61 TITLE			Change	☐ Addition
	had position the	62 NAME			~	_
NAME		6 3 STREET ADDRESS	;	24		
STREET ADDRESS		64 CITY-ST-ZIP		P. C.		

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

10-29-99

CR2E037 (11/98)