FILED
Oct 02, 2002 8:00 am
Secretary of State
09-18-2002 90056 026 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057468

1. Entity Name

Lyric Village Housing, Inc.

43440

[redacted]

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
555 S. Old Woodward Ave.	555 S. Old Woodward Ave.
Suite, Apt. #, etc. Suite 1508	Suite, Apt. #, etc. Suite 1508
City & State Birmingham, MI	City & State Birmingham, MI
Zip 48009 Country U.S.A	Zip 48009 Country U.S.A

4. FEI Number 65-0858730 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Yvette Murphy, Esq.

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

3250 Mary Street, Suite 302

City: Coconut Grove FL Zip Code: 33133

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: Yvette G. Murphy 10-1-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement And elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Jackson McDaniel 555 S. Old Woodward, Suite 1508 Birmingham, MI 48009
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CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jackson McDaniel 09/17/02 248 593 0778

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #