

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2000 8:00 am
Secretary of State

04-26-2000 90135 049 ****70.00

DOCUMENT # N93000003330

Entity Name

COMMUNITY PARTNERSHIP FOR HOMELESS, INC.

Principal Place of Business

Mailing Address

1550 N. MIAMI AVE.
 MIAMI FL 33136
 US

1550 NORTH MIAMI AVENUE
 MIAMI FL 33136-2015
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

SUMMERS, LYNN M
1550 N MIAMI AVE
MIAMI FL 33136

Name **Kathy C. Harris**

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.

SIGNATURE *Kathy C. Harris*

Kathy C. Harris Executive Director 5/16/2000

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	CD	<input type="checkbox"/> Delete
NAME	CHAPMAN, ALVAH H JR.	
STREET ADDRESS	30730 WARSON BLVD.	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MIGOYA, CARLOS A	
STREET ADDRESS	200 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, LYNN B	
STREET ADDRESS	1390 BRICKELL AVE. STE. 280	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, DOUGLAS,	
STREET ADDRESS	ONE HERALD PLAZA	
CITY-ST-ZIP	MIAMI FL 33132-1693	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, WILLIAM H JR	
STREET ADDRESS	100 SE SECOND ST 30TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, RICHARD JR	
STREET ADDRESS	66 W FLAGLER ST., 5TH FL	
CITY-ST-ZIP	MIAMI FL 33130	

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	
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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: *Richard Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 2000

Date

Daytime Phone #

CP12E037 (9/99)

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(CAROL / CONNIE)

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Carlos Migoya
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(FAY)

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~~7-2-2008~~

303699

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(VERTA)

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N 9300000330

Attachment

~~7/27/99~~

10

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303699

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(305) 350-6811 Private Fax #

(LINDA)

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Attachment

~~7-1-12~~

5

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303699

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Foundation of South Florida
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~~25109~~

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(BONNIE GRAVES)

N9300000330

Attachment

~~78788~~

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13

303699

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W930000330

Attachment

~~72107~~

Associates Members / Advisory Committee

Only Board minutes.

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303699

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(MYRNA)

N 9300000 3330

Attachment
~~72108~~

Community Partnership for Homeless, Inc. Board List
Updated 02/14/00

303699

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Attachment

~~704224~~

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303699

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(GINGER)

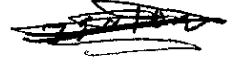
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(LINDA)

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Attachment

~~2019~~

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303699

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