

**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.

3. Mailing Address
Suite, Apt. #, etc.

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**



CHECK HERE IF MAKING CHANGES

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* **DATE** 4/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE CD NAME CHAPMAN, ALVAH H JR. STREET ADDRESS 1 HERALD PLAZA 6TH FLOOR CITY-ST-ZIP MIAMI FL 33132	<input type="checkbox"/> Delete	TITLE DIRECTOR NAME CHAPMAN, ALVAH H. JR. STREET ADDRESS 1 HERALD PLAZA 6TH FLOOR CITY-ST-ZIP MIAMI, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MIGOYA, CARLOS A STREET ADDRESS 200 S. BISCAYNE BLVD. CITY-ST-ZIP MIAMI FL 33131	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME LEWIS, LYNN B STREET ADDRESS 1390 BRICKELL AVE. STE. 280 CITY-ST-ZIP MIAMI FL 33131	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ARMSTRONG, JAMES L III STREET ADDRESS 4911 ALHAMBRA CIRCLE CITY-ST-ZIP CORAL GABLES FL 33146	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HASHAGEN, JOHN P STREET ADDRESS 777 BRICKELL AVE CITY-ST-ZIP MIAMI FL 33131-2803	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME RAYGOODE, R STREET ADDRESS 3600 NW 82 AVE CITY-ST-ZIP MIAMI FL 33166	<input type="checkbox"/> Delete	TITLE CHAIRMAN NAME RAY GOODE R STREET ADDRESS 3600 NW 82 AVE. CITY-ST-ZIP MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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* 4-17-03

CR2E037 (10/02)