

NOT-FOR-PROFIT CORPORATION *AMENDED* UNIFORM BUSINESS REPORT (UBR)

09-04-2002 90088 004 *****70.00
N96000002700

DOCUMENT # N9 6000002700

1. Entity Name **Neighbors And Neighbors Association**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
176 NW 62 Street

3. Mailing Address
180 NW 62 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 1

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0675186

Applied For
Not Applicable

Zip
33150

Country
Dade

Zip
33150

Country
Dade

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

7. Name and Address of Current Registered Agent

Name **Rafe Brown**

Street Address (P.O. Box Number is Not Acceptable)
180 NW 62 Street

City **Miami, FL**

FL Zip Code
33150

**DO NOT WRITE
IN THIS SPACE**

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 *Rafe Brown* **President** **8-26-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE **President**
NAME **Rafe Brown**
STREET ADDRESS **5650 NW 17 Ave**
CITY-ST-ZIP **Miami, FL 33142**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President**
NAME **Dr. Morris Johnson**
STREET ADDRESS **1040 NW 57 Street**
CITY-ST-ZIP **Miami, FL 33150**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer**
NAME **Betty George**
STREET ADDRESS **6000 NW 12 Ave.**
CITY-ST-ZIP **Miami, FL 33127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary**
NAME **Dr. Mae Christian**
STREET ADDRESS **4824 NW 15 St**
CITY-ST-ZIP **Miami, FL 33142**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director**
NAME **Charles Stringer**
STREET ADDRESS **3555 NW 96 Street**
CITY-ST-ZIP **Miami, FL 33147**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director**
NAME **NIA Muhammad**
STREET ADDRESS **22 NW 62 Street**
CITY-ST-ZIP **Miami, FL 33150**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rafe Brown* **President** **8/27/2002**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037B (12/01)