

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002700

1. Entity Name

NEIGHBORS AND NEIGHBORS ASSOCIATION, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90022 042 ****70.00

Principal Place of Business

176 NW 62 ST
STE 3
MIAMI FL 33150

Mailing Address

180 NW 62 ST
#1
MIAMI FL 33150-4543

707059



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0675186

Applied For

Not Applied

Zip

Country

Zip

Country

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

PRINCE, VELIUS
7300 N W 2ND AVENUE
MIAMI FL 33150

Name

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

City

FL

Zip Code

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRINCE, VELIUS	
STREET ADDRESS	7300 N W 2ND AVENUE	
CITY-ST-ZIP	MIAMI F 33150	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALLACE, JEAN	
STREET ADDRESS	199 N W 62ND STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCOTT, HARRIETT	
STREET ADDRESS	2728 N W 46TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GEORGE, BETTY	
STREET ADDRESS	6000 N W 12TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEIR, SHIRLON	
STREET ADDRESS	7710 N W 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	ED	<input type="checkbox"/> Delete
NAME	JONES, LEROY	
STREET ADDRESS	7511 N W 22ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
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	
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:

Signature of Leroy Jones Executive Director 11-2000 305-756-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #