

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90085 043 \*\*\*\*62.00

**DOCUMENT # 727927**

1. Entity Name

**NEW WASHINGTON HEIGHTS COMMUNITY DEVELOPMENT CON**

Principal Place of Business

Mailing Address

1600 N W 3RD AVE  
 MIAMI FL 33136  
 US

1600 N W 3RD AVE  
 MIAMI FL 33136-1810

2. Principal Place of Business

3. Mailing Address

1600 N.W. 3160th

Some

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami

Fla

Zip

Country

Zip

Country

33136 - Dade

33136

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1653921

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, JACKIE  
 1600 N W 3RD AVE  
 MIAMI FL 33136

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Delete
NAME	BELL, JACKIE	
STREET ADDRESS	1600 N.W. 3RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, ALVIN	
STREET ADDRESS	990 NE 125TH STREET	
CITY-ST-ZIP	MIAMI, FL 33136	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLLO, TIBOR	
STREET ADDRESS	444 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEY, JOYCE CARTER	
STREET ADDRESS	3398 NW 212 STREET	
CITY-ST-ZIP	MIAMI, FL 33136	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISAAC, RICHARD	
STREET ADDRESS	601 NE 39 ST., #217	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOLMES, BETTY	
STREET ADDRESS	1600 NW AVE	
CITY-ST-ZIP	MIAMI FL	

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		
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, title and office employment.

SIGNATURE:

*Signature of Jackie Bell - Every Same*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-00 305 5758217