

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742389

1. Entity Name

MIAMI-DADE NEIGHBORHOOD HOUSING SERVICES, INC.

Principal Place of Business

7100 BISCAYNE BLVD. 2ND FLOOR
MIAMI FL 33137

Mailing Address

7100 BISCAYNE BLVD. 2ND FLOOR
MIAMI FL 33138-5702

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1845761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS, GAIL L.
77 WEST PLAZA
NORTHSIDE SHOPPING CENTER
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name Doretha Nicholson

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

7100 Biscayne Blvd., 2nd Floor

City Miami

FL

Zip Code
33138

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 S ☐ Delete
NAME FORBES, BEVERLY
STREET ADDRESS 1161 NW LITTLE RIVER DR.
CITY-ST-ZIP MIAMI FL 33150

TITLE C ☐ Delete
NAME NICHSON, DORETHA
STREET ADDRESS 2190 N.W. 135 ST.
CITY-ST-ZIP MIAMI FL

TITLE VD ☒ Delete
NAME GRAYSON, LOUELLA
STREET ADDRESS 8465 N.W. 12TH AVE
CITY-ST-ZIP MIAMI FL 33147

TITLE T ☒ Delete
NAME POWELL, LOUIS F JR
STREET ADDRESS 701 BRICKELL AVE. 33RD FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE VC ☐ Delete
NAME ALGAZE, PATRICIA
STREET ADDRESS 2 SOUTH BISCAYNE BLVD., #1900, REP. NTL.
CITY-ST-ZIP MIAMI FL

TITLE VD ☒ Delete
NAME BONNER, GOLLIE H REV.
STREET ADDRESS 9830 S.W. 121ST STREET
CITY-ST-ZIP MIAMI FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC ☒ Change ☐ Additio
NAME Yvonne Edwards
STREET ADDRESS 1330 NW 90th Street
CITY-ST-ZIP Miami, FL 33147

TITLE T ☒ Change ☐ Additio
NAME Richard Kinlock
STREET ADDRESS 11111 Biscayne Blvd., #428
CITY-ST-ZIP Miami, FL 33181

TITLE ☐ Change ☐ Additio
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Additio
NAME Claude Greenleaf
STREET ADDRESS 3440 NW 192nd Street, 2M
CITY-ST-ZIP Aventura, FL 33180

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00
Date

305-751-5511
Daytime Phone #