

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90091 040 ****61.25

DOCUMENT # 742389

1. Entity Name

MIAMI-DADE NEIGHBORHOOD HOUSING SERVICES, INC.

Principal Place of Business

Mailing Address

7100 BISCAYNE BLVD. 2ND FLOOR
 MIAMI FL 33137

7100 BISCAYNE BLVD. 2ND FLOOR
 MIAMI FL 33137

2. Principal Place of Business

7100 Biscayne Blvd.

3. Mailing Address

7100 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Miami

City & State

Miami

Zip

33138

Country

USA

Zip

33138

Country

USA

4. FEI Number

59-1845761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NICHSON, DORETHA
 7100 BISCAYNE BLVD., 2ND FL.
 MIAMI FL 33138

7. Name and Address of New Registered Agent

Name John M. Little

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

Legal Services of Greater Miami
 3000 Biscayne Blvd, Suite 500

City

Miami

FL

Zip Code

33137

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

4/25/02

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

TITLE CD ☒ Delete
 NAME EDWARDS, YVONNE
 STREET ADDRESS 1330 NW 90TH STREET
 CITY-ST-ZIP MIAMI FL 33147

TITLE TD ☐ Delete
 NAME MARSHALL, PRESTON
 STREET ADDRESS 900 NW 85TH STREET
 CITY-ST-ZIP MIAMI FL 33150

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☒ Change ☐ Addition
 NAME Beverly Forbes
 STREET ADDRESS 1161 NW Little River Dr.
 CITY-ST-ZIP Miami, FL 33150

TITLE VC ☐ Change ☒ Addition
 NAME Joseph Chavez
 STREET ADDRESS 7815 NW 148th Street
 CITY-ST-ZIP Miami Lakes, FL 33016

TITLE T ☒ Change ☐ Addition
 NAME Preston Marshall
 STREET ADDRESS 900 NW 85th Street
 CITY-ST-ZIP Miami, FL 33150

TITLE C ☐ Change ☒ Addition
 NAME Wallace Chester
 STREET ADDRESS 501 North Biscayne River Drive
 CITY-ST-ZIP Miami, FL 33169

TITLE PD ☐ Change ☒ Addition
 NAME Arden Shank
 STREET ADDRESS 10200 North Miami Avenue
 CITY-ST-ZIP Miami Shores, FL 33150

TITLE ☐ Change ☐ 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:

Arden Shank

4-29-02

305-751-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)