

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90423 001 ***361.25

DOCUMENT # N00000002518

1. Entity Name

NEIGHBORS GIVING THANKS, INC.



Principal Place of Business

**12219 S. DIXIE HWY.
MIAMI FL 33156**

Mailing Address

**12219 S. DIXIE HWY.
MIAMI FL 33156**

2. Principal Place of Business

12805 S W 84th Ave. Rd

Suite, Apt. #, etc.

3. Mailing Address

12805 S W 84th Ave. Rd.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33156

Country

Zip

33156

Country

4. FEI Number **31-1706319**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TELISMAN, ALAN
12219 S. DIXIE HWY.
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name
Telisman, Alan

Street Address (P.O. Box Number is Not Acceptable)
12805 S W 84th Ave. Rd.

City
Miami

FL

Zip Code
33156

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD TELISMAN, ALAN ESQ.	<input type="checkbox"/> Delete
STREET ADDRESS	12219 S. DIXIE HWY.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE NAME	VD GROSS, HOWARD ESQ.	<input type="checkbox"/> Delete
STREET ADDRESS	12219 S. DIXIE HWY.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE NAME	D SIMON, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	12380 SW 82 AVE.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP Telisman, Alan, Esq.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12805 S W 84th Ave. Rd.	
CITY-ST-ZIP	Miami, FL 33156	
TITLE NAME	VD Gross, Howard, Esq.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12805 S W 84th Ave. Rd.	
CITY-ST-ZIP	Miami, FL 33156	
TITLE NAME	D Simon, David	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8925 S W 148th Street, Suite 218	
CITY-ST-ZIP	Miami, FL 33176	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

2/11/03 305 255-6300

CR2E037 (10/02)