


FILED
Jun 30, 2003 8:00 am
Secretary of State

05-06-2003 90029 046 ****70.00

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

DOCUMENT # N02000001430
 1. Entity Name
NEIGHBORHOOD INVESTMENT CORPORATION



Principal Place of Business 547 NW 9TH AVENUE 3 FT. LAUDERDALE FL 33311 US	Mailing Address 645 NW 62ND STREET 300 MIAMI FL 33150 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 03-0398501	Applied For Not Applicable
Zip	Country	Zip	Country

5. Name and Address of Current Registered Agent
**GARDNER, CAROL A V: PRES
 645 N.W. 62ND STREET
 300
 MIAMI FL 33150**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name: **ANGELA R. KELLY**
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

CHECK HERE IF MAKING CHANGES

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARDNER, CAROL A 645 NW 62ND STREET, SUITE 300 MIAMI FL 33150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSES FLORENCE 645 N.W. 62nd Street, Suite 300 Miami, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELA R. KELLY 645 N.W. 62nd Street, Suite 300 Miami, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheryl Nemrod 645 N.W. 62nd Street, Suite 300 Miami, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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: Carol A Gardner **WIREMAIL GARDNER** 4/30/03 305-757-3787
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)