

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90157 001 \*3,226.25

**DOCUMENT # N09210**

1. Corporation Name

**GREATER MIAMI NEIGHBORHOODS, INC.**

Principal Place of Business

**1460 BRICKELL AVE. SUITE 309  
MIAMI FL 33131**

Mailing Address

**1460 BRICKELL AVE. SUITE 309  
MIAMI FL 33131**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25** **29** **30**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

3. Date Incorporated or Qualified

**05/08/1985**

4. FEI Number

**59-2544297**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**DERAMON, GONZALO  
1460 BRICKELL AVE.  
SUITE 309  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	DOMINGUEZ, AGUSTIN	1460 BRICKELL AVENUE #309	MIAMI FL															
	TVD	DE RAMON, GONZALO	1460 BRICKELL AVENUE #309	MIAMI FL															
	S	CHASE, RONALD	4523 SW 64 AVENUE	MIAMI FL															
	CHBD	CLEMENTS, CHARLES III	3403 N.W. 82ND AVENUE, SUITE 200	MIAMI FL 33122															
	CMPT	SARIOL, MARIO A	1460 BRICKELL AVE., #309	MIAMI FL 33131															
	D	WOLFSON, LOUIS III	9350 S DIXIE HWY #900	MIAMI FL															

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	P	DOMINGUEZ, AGUSTIN	1460 BRICKELL AVE #309	MIAMI, FL	33131																		
	T/V	DERAMON, GONZALEZ	1460 BRICKELL AVE #309	MIAMI, FL	33131																		
	S/D	CHASE, RONALD	4523 SW 64 AVE	MIAMI, FLA.																			
	C/D	CLEMENTS, CHARLES III	3403 NW 82ND AVE, SUITE 200	MIAMI, FLA	33122																		
	D	Noble, Carlos	700 BRICKELL AVE	MIAMI, FLA	33131																		
	D	WOLFSON, LOUIS III	2665 SOUTH BAYSHORE DRIVE #202	MIAMI, FLA	33133																		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DOMINGUEZ, AGUSTIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/98** **305 3745503.116**

Date

Daytime Phone #

CR2E037 (11/98)