

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0020899

03-06-2002 90005 041 ****61.25

DOCUMENT # N17277

1. Entity Name

MIAMI-ROADS NEIGHBORHOOD CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

228 SW 23 ROAD
 MIAMI FL 33129
 US

228 SW 23 ROAD
 MIAMI FL 33129
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2744056

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILKINS, JOSEPH F
228 SW 23 ROAD
MIAMI FL 33129

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD;**
LEIBOW, DANIEL
 STREET ADDRESS **3041 SW 2 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PED**
SWAIN, DEBORAH
 STREET ADDRESS **228 SW 22 ROAD**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE Change Addition
 NAME **Louise Jewell**
 STREET ADDRESS **1535 SW 2 AVENUE ASST Sec/Treas.**
 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE Delete
 NAME **STD**
WILKINS, JOSEPH
 STREET ADDRESS **228 SW 23 ROAD**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
KOENIGSBERG, LINDA
 STREET ADDRESS **144 SW 19 RD**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Janet Wilkins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/02 305 858 1639
 Date Daytime Phone #

CR2E037 (9/01)