


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

**DOCUMENT # N17277**

1. Entity Name  
**MIAMI-ROADS NEIGHBORHOOD CIVIC ASSOCIATION, INC.**



**FILED**  
03 NOV 27 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
228 SW 23 ROAD                      228 SW 23 ROAD  
MIAMI, FL 33129      US                      MIAMI, FL 33129      US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                      City & State

Zip      Country                      Zip      Country



CHECK HERE IF MAKING CHANGES

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

4. FEI Number      **59-2744056**      Applied For  
Not Applicable

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. 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 Initial or Amended UBR**      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 STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LEIBOW, DANIEL</b> <b>3041 SW 2 AVENUE</b> <b>MIAMI, FL 33129</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST</b> <b>JEWELL, LOUISE</b> <b>1535 SW 2 AVENUE</b> <b>MIAMI, FL 33129</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>WILKINS, JOSEPH</b> <b>228 SW 23 ROAD</b> <b>MIAMI, FL 33129</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOENIGSBERG, LINDA</b> <b>144 SW 19 RD</b> <b>MIAMI, FL 33129</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Graciela Solares</b> <b>60 SW 30th Road</b> <b>Miami, Florida 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Director</b> <b>Louise Jewell</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600025529036</b> <b>12/16/03--01044--035 **61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LEIBOW, DANIEL</b> (Director) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3041 S.W. 2nd Avenue</b> <b>Miami, Florida 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jan A Wilkins*      11/28/03      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)