

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90177 049 \*\*\*\*70.00

**DOCUMENT # N19874**

1. Entity Name

**BROWNSVILLE NEIGHBORHOOD CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3246 NW 48TH TERRACE  
MIAMI FL 33142**

**3246 NW 48TH TERRACE  
MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0273534**

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

**STEWART, EVERETT SR  
3246 NW 48TH TERRACE  
MIAMI FL 33142**

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 **PD** ☐ Delete  
NAME **STEWART, EVERETT SR.**  
STREET ADDRESS **3246 N.W. 48TH TERRACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **ANDERSON, MARTHA P**  
STREET ADDRESS **3249 N.W. 51 ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **RS** ☐ Delete  
NAME **STRAPP, ARTHURINE**  
STREET ADDRESS **3215 N.W. 49TH ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **RS** ☒ Change ☐ Addition  
NAME **GWENDOLYN JOHNSON**  
STREET ADDRESS **3010 N.W. 51<sup>ST</sup> TERR.**  
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **TD** ☐ Delete  
NAME **REAVES, JENNIE**  
STREET ADDRESS **3315 N.W. 49TH ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **WILLIAMS, ERNESTINE**  
STREET ADDRESS **4875 NW 31ST AVENUE**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **STEWART, GLINNER H**  
STREET ADDRESS **3246 N W 48TH TERRACE**  
CITY-ST-ZIP **MIAMI FL**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan. 13<sup>th</sup> 2001**  
Date

**305-633-4134**  
Daytime Phone #

CR2E037 (10/00)