

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000080

1. Entity Name

OAKLAND GROVE NEIGHBORHOOD IMPROVEMENT ASSOCIATI

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90042 025 ****61.25

Principal Place of Business

8325 N.E. 3 AVE.
MIAMI FL 32138

Mailing Address

8325 N.E. 3 AVE.
MIAMI FL 33138-3905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0526489

Applied For
Not Applicable

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

BRUTUS, PHILLIP J
7900 NE 2ND AVE
SUITE 600
MIAMI FL 33138

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
NAME HAMERSTROM, SUE
STREET ADDRESS 8325 NE 3 AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE VD
NAME RUTHERFORD, JOYCE
STREET ADDRESS 8328 NE 2 CT
CITY-ST-ZIP MIAMI FL 32138 ☐ Delete

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

TITLE S
NAME BECKETT, SARAH
STREET ADDRESS 301 N.E. 82 TERRACE
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

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

TITLE TD
NAME ALTMAN, GRACE
STREET ADDRESS 8290 N.E. 4 AVENUE
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

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 *Sue Hamerstrom* SUE HAMERSTROM 1/14/00 305-758-0176

600376



DO NOT WRITE IN THIS SPACE