

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90292 001 *****8.75
 02-27-2002 90292 002 *****61.25

DOCUMENT # N94000000080

1. Entity Name

**OAKLAND GROVE NEIGHBORHOOD IMPROVEMENT ASSOCIATI
 ON, INC.**

Principal Place of Business

Mailing Address

**8325 N.E. 3 AVE.
 MIAMI FL 32138**

**8325 N.E. 3 AVE.
 MIAMI FL 32138**

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

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

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **GRACE ALTMAN**
 STREET ADDRESS **8290 NE 4 AVE**
 CITY-ST-ZIP **MIAMI, FL 33138**

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

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

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

TITLE **TD** ☒ Change ☐ Addition
 NAME **MARGE REYNOLDS**
 STREET ADDRESS **8339 NE 2 Ct**
 CITY-ST-ZIP **MIAMI, FL 33138**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **BRUCE L HAMERSTROM**
 STREET ADDRESS **8325 NE 3 AVE**
 CITY-ST-ZIP **MIAMI, FL 33138**

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** 2/16/02 305 256 6325

CR2E037 (9/01)