

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001824

1. Entity Name

THE UNITED NEIGHBORS OF EAST MIRAMAR, INC.

Principal Place of Business

Mailing Address

6100 SW 21ST ST.
MIRAMAR FL 33023

6100 SW 21ST ST.
MIRAMAR FL 33023

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

64-0485023

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

RAYNOR, MARY
6100 SW 21ST STREET
MIRAMAR FL 33023

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	RUBIN, ROBERT	
STREET ADDRESS	7150 FAIRWAY BLVD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALESMAN, FITZROY	
STREET ADDRESS	3501 NASSAN DR.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, MARY	
STREET ADDRESS	3921 E LAKE PL	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAYNOR, MARY	
STREET ADDRESS	6100 SW 21ST ST.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GALLAGER, CECILIA	
STREET ADDRESS	7790 JUNIPER ST	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNHAM, STERON	
STREET ADDRESS	2110 SW 66 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-4-01

927 985 8815

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90173 039 ****61.50

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)