

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001091 (6)

1. Corporation Name

BUENA VISTA EAST NEIGHBORHOOD ASSOCIATION INC.

Principal Place of Business

111 N.E. 42ND STREET
MIAMI FL 33137

Mailing Address

111 N.E. 42ND STREET
MIAMI FL 33137



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-07/31/96--01077--038

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3. Date Incorporated or Qualified
03/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4424 NE 1 Avenue

26 4424 NE 1 Avenue

4. FEI Number

65-0581360

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Miami, Florida

28 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33137

25 Dade

29 33137

30 Dade

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, JILL
111 N.E. 42ND STREET
MIAMI FL 33137

81 Name

Kenny Merker

82 Street Address (P.O. Box Number is Not Acceptable)

4424 NE 1 Avenue

83

Miami, Florida

84 City

FL

85 Zip Code

33137

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE President / Director ☐ Change ☒ Addition
1.2 NAME Kenny Merker
1.3 STREET ADDRESS 4424 NE 1 Avenue
1.4 CITY-ST-ZIP Miami, Florida 33137

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Vice President ☐ Change ☒ Addition
2.2 NAME Linnie English
2.3 STREET ADDRESS 70 Ne 48 Street
2.4 CITY-ST-ZIP Miami, Florida 33137

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Nick Galloro
3.3 STREET ADDRESS 4311 NE 1 Avenue
3.4 CITY-ST-ZIP Miami, Florida 33137

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Treasurer ☐ Change ☒ Addition
4.2 NAME Sue Cheaney
4.3 STREET ADDRESS 95 NE 46 Street
4.4 CITY-ST-ZIP Miami, Florida 33137

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Todd Weintraub, ☐ Change ☒ Addition
5.2 NAME Director
5.3 STREET ADDRESS 86 NE 47 Street
5.4 CITY-ST-ZIP Miami, Florida 33137

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Director ☐ Change ☐ Addition
6.2 NAME Ricky Hemingway
6.3 STREET ADDRESS 151 NE 46 Street
6.4 CITY-ST-ZIP Miami, FL 33137

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sue Cheaney, Treasurer

Signature and typed or printed name of signing officer or director

June 1, 1996 (305) 576-8319

Date

Daytime Phone #

CR2E037 (12/95)