

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90105 030 ****61.25

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DOCUMENT # N97000001902
 1. Entity Name
HALLANDALE NEIGHBORHOOD IMPROVEMENT CORPORATION

Principal Place of Business 400 SOUTH FEDERAL HIGHWAY ROOM #242 HALLANDALE FL 33309 US	Mailing Address 400 SOUTH FEDERAL HIGHWAY ROOM #242 HALLANDALE FL 33309 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0740970	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GOLDSTEIN, MARK
 400 SOUTH FEDERAL HIGHWAY
 ROOM #239
 HALLANDALE FL 33309**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME PD LANNER, ARNOLD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1980 S. OCEAN DRIVE	
CITY-ST-ZIP HALLANDALE FL 33009	
TITLE NAME D ROSS, DOROTHY	<input type="checkbox"/> Delete
STREET ADDRESS 35 CACTUS AVENUE	
CITY-ST-ZIP HALLANDALE FL 33009	
TITLE NAME VD DEAN, GERALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 726 NW 1ST COURT	
CITY-ST-ZIP HALLANDALE FL 33009	
TITLE NAME D PENTECOCK, JACKIE	<input type="checkbox"/> Delete
STREET ADDRESS 2001 ATLANTIC SHORES BLVD #501	
CITY-ST-ZIP HALLANDALE FL 33009	
TITLE NAME SD SCHILLER, FRANCINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2500 PARKWAY DRIVE #604	
CITY-ST-ZIP HALLANDALE FL 33009	
TITLE NAME TD MCPHERSON, KATHERINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 413 SW 6TH AVENUE	
CITY-ST-ZIP HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME P/D COOPER, JOY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 400 S. FEDERAL HIGHWAY	
CITY-ST-ZIP HALLANDALE BEACH, FL 33009	
TITLE NAME V/D HAINES, MARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 628 SW 10TH STREET	
CITY-ST-ZIP HALLANDALE BEACH, FL 33009	
TITLE NAME S/D DUNN, GLORIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 410 N. FEDERAL HIGHWAY	
CITY-ST-ZIP HALLANDALE BEACH, FL 33009	
TITLE NAME T/D CHEESMAN, ERNIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3801 S. OCEAN DRIVE - APT 3B	
CITY-ST-ZIP HOLLYWOOD, FL 33019	

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 3/27/01 (954)457-1300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)