

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90175 001 ****61.25

DOCUMENT # N98000002837

1. Entity Name
TENANTS & TAXPAYERS UNITED FOR FAIRNESS, INC.



Principal Place of Business
**5930 NORTH BAYSHORE DRIVE
MIAMI, FL 33137**

Mailing Address
**5930 NORTH BAYSHORE DRIVE
MIAMI, FL 33137**

DO NOT WRITE IN THIS SPACE



04082006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0835951

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AUERBACHER, MARK S
2699 SOUTH BAYSHORE DR.
7TH FLOOR
MIAMI, FL 33133**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLANCY, PETER 16921 SW 80 CT MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CLARK, JUDY 5930 NORTH BAYSHORE DRIVE MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MONIQUE 7751 NE BAYSHORE CT 5D MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGYMIHALY, EVA 3110 S MIAMI AVE MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, BILL 2431 SW 4 STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #