2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000002837

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

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

07192007 No Chg-NP CR2E037 (4/06)

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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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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08/17/07-80009-011 61.25

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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: _____ 8/8/07 305 754 1434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #