

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90001 046 ****70.00

DOCUMENT # N99000003941

1. Entity Name

79TH STREET CORRIDOR NEIGHBORHOOD INITIATIVE, IN C.

Principal Place of Business

**8599 NW 25TH AVE
 MIAMI FL 33147**

Mailing Address

**8500 NW 25TH AVE
 MIAMI FL 33147**

2. Principal Place of Business

8500 N.W. 25th AVE

3. Mailing Address

8500 NW. 25th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33147

Country

USA

Zip

33147

Country

USA

4. FEI Number

65-0963964

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required ~**

6. Name and Address of Current Registered Agent

**LITTLE, JOHN
 3000 BISCAYNE BLVD
 SUITE 500
 MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 ☐ Delete
 NAME **D GROSS, OLIVER**
 STREET ADDRESS **8500 NW 25TH AVE**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
 NAME **D CHAVEZ, JOSEPH**
 STREET ADDRESS **7815 NW 148TH ST**
 CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ Delete
 NAME **D VICKERS, MILTON**
 STREET ADDRESS **141 NE 3RD AVE, STE 500**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
 NAME **M Henry Crespo**
 STREET ADDRESS **8500 N.W. 25th Ave**
 CITY-ST-ZIP **Miami, FL 33147**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)