

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-03-2003 90184 047 ***150.00

DOCUMENT # P02000107229

1. Entity Name
NEIGHBORHOOD HOMEBUYERS CORP.



Principal Place of Business
**12955 BISCAYNE BLVD SUITE 306
NORTH MIAMI FL 33181**

Mailing Address
**12955 BISCAYNE BLVD SUITE 306
NORTH MIAMI FL 33181**



2. Principal Place of Business
12955 BISCAYNE BLVD.
Suite, Apt. #, etc.
306

3. Mailing Address
12955 BISCAYNE BLVD.
Suite, Apt. #, etc.
306

☐ CHECK HERE IF MAKING CHANGES

City & State
NORTH MIAMI, FLORIDA

City & State
NORTH MIAMI, FLORIDA

4. FEI Number
06-1651623

Applied For
☐ Not Applicable

Zip
33181

Country
U.S.A.

Zip
33181

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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. 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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CALVO, LUIS M 12955 BISCAYNE BLVD SUITE 306 NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

305-318-0019

Date

Daytime Phone #

CP2E034 (10/02)