

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052294

1. Entity Name
NEIGHBORHOOD PROPERTIES, INC.

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90005 026 ***550.00

Principal Place of Business
120 E OAKLAND PARK BLVD
SUITE 105
WILTON MANORS FL 33334

Mailing Address
1301 RIVER REACH DRIVE
STE 109
FT. LAUDERDALE FL 33315-1159
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0428367

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MITCHINSON, DAVID J
1301-109 RIVER REACH DRIVE
STE 109
FT. LAUDERDALE FL 3315-1159

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MITCHINSON, DAVID J
120 E OAKLAND PARK BLVD SUITE 105
WILTON MANORS FL 33334

☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: DAVID J. MITCHINSON
DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/01 954-522-7653

Date

Daytime Phone #

CR2E034 (5/01)