

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90117 047 ***150.00

0322703 AV

DOCUMENT # P93000052294

1. Entity Name

NEIGHBORHOOD PROPERTIES, INC.

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

33315-1168

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 33315-1159**

incorrect!

Name

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

City

FL

Zip Code

33315-1168

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

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

DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/02

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID J. MITCHINSON
 DIRECTOR**

1/20/02

954-522-7653

Date

Daytime Phone #

CR2E034 (9/01)