

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078549

1. Entity Name

NEIGHBORHOOD HOUSING CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90167 017 ***150.00

Principal Place of Business

1130 NORTH FLAGLER DRIVE
FT. LAUDERDALE FL 33304

Mailing Address

1130 NORTH FLAGLER DRIVE
FT. LAUDERDALE FL 33311-2509

2. Principal Place of Business

2643 N. ANDREWS

3. Mailing Address

Suite, Apt. #, etc.

City & State

WILTON MANORS

City & State

Zip

Country

4. FEI Number

65-0864058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POPLACK, ARIEL ESQ.
930 SOUTH STATE ROAD 7
PLANATATION FL 33317

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2000 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

TITLE PTD ☐ Delete
NAME HART, MICHAEL
STREET ADDRESS 1130 NORTH FLAGLER DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE VSD ☐ Delete
NAME GOLDSTEIN, DANIEL
STREET ADDRESS 1130 NORTH FLAGLER DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2643 N. ANDREWS AVE
CITY-ST-ZIP WILTON MANORS, FL 33311

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2643 N. ANDREWS AVE
CITY-ST-ZIP WILTON MANORS, FL 33311

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

4/30/2000 954-564-8393

CR2E034 (9/99)