

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35204

1. Entity Name

M. NEIGHBORHOOD INVESTMENT CORPORATION

Principal Place of Business

1877 NW 57 ST
MIAMI FL 33142

Mailing Address

1877 NW 57 ST
MIAMI FL 33142-3055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0337249

Applied For

Not Applicable

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

JONES SYLVIA
1877 N.W. 57TH ST.
MIAMI FL 33142

Name
C. MARIE BREYITT-SCHOOP, ESQ

Street Address (P.O. Box Number is Not Acceptable)
20401 NW 2 Ave # 220

City Miami FL Zip Code 33169

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MOSS, ANTHONY A.
STREET ADDRESS 1877 NW 57 ST
CITY-ST-ZIP MIAMI FL 33142

TITLE SD ☒ Delete
NAME MOSS, CASSANDRA
STREET ADDRESS 1877 NW 57 ST
CITY-ST-ZIP MIAMI FL 33142

TITLE TD ☐ Delete
NAME MOSS, JOSEPHINE
STREET ADDRESS 1877 NW 57 ST
CITY-ST-ZIP MIAMI FL

TITLE VP ☒ Delete
NAME JONES, SYLVIA
STREET ADDRESS 1877 NW 57 ST
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE SECRETARY ☒ Change ☐ Addition
NAME ANTHONY A. MOSS
STREET ADDRESS 1877 NW 57 ST
CITY-ST-ZIP MIAMI FL 33142

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

TITLE V.P. ☐ Change ☒ Addition
NAME CASSANDRA MOSS
STREET ADDRESS 1877 NW 57 ST
CITY-ST-ZIP MIAMI FL 33142

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

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

ANTHONY A. MOSS

DATE

Daytime Phone #

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90061 049 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)