## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2002 8:00 am Secretary of State **DOCUMENT #** V35204 1. Entity Name M. NEIGHBORHOOD INVESTMENT CORPORATION 04-29-2002 90183 048 \*\*\*150.00 Principal Place of Business Mailing Address 1877 NW 57 ST 1877 NW 57 ST MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0337249 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREVITT-SCHOOP, C. MARIE ESQ Street Address (P.O. Box Number is Not Acceptable) 20401 NW 2ND AVE # 220 **MIAMI FL 33169** City Zip Code FI 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 SIĞNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition CR2E034 (9/01 ☐ Change MOSS, ANTHONY A. NAME NAME STREET ADDRESS 1877 NW 57 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MOSS, ANTHONY A NAME NAME 1877 NW 57 ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL: 33142 CITY-ST-ZIP TITLE: ☐ Delete -: T/TLF ☐ Change ☐ Addition MOSS, JOSEPHINE NAME NAME STREET ADDRESS 1877 NW 57 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MOSS, CASSANDRA NAME NAME 1877 NW 57 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED