

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V44956

1. Entity Name

A GOOD NEIGHBOR ACLF, INC.

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

03-24-2000 90065 050 ***158.75

Principal Place of Business

5521 SW 64TH PL
MIAMI FL 33155

Mailing Address

6776 SW 64 ST.
SO. MIAMI FL 33155-6488
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 558012

Suite, Apt. #, etc.

Miami

City & State

FL

Zip

33255

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0377298

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

MARVEZ, CHARLOTTE
6776 SW 64 ST.
MIAMI FL 33143

Name

Charlotte MARVEZ

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

5521 SW 64 PLACE

Miami

City

FL

Zip Code

33155

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

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

CHARLOTTE MARVEZ

1-11-00

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MARVEZ, CHARLOTTE
5521 SW 64TH PL
MIAMI FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
RAMOS, JUM C
6776 SW 64TH ST
MIAMI FL 33143

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
JUAN MARVEZ
5521 SW 64 PLACE
MIAMI FL 33155
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
NAME
STREET ADDRESS
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

CHARLOTTE MARVEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

305 665 7393

Daytime Phone #

CR2E034 (9/99)