

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

OFFICE USE ONLY

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E. D. CALIFORNIA
APR 12 2012

07 SEP 12 PM 12:45
SECRETARY

SECRETARY OF STATE

Q7

1. Full Name of Committee		Telephone
Neighbors United for a Better Miami		305-860-8340
Mailing Address (include city, state and zip code)		
PO Box 453208, Miami, FL 33245		
Street Address (include city, state and zip code)		
2929 SW 3rd Avenue, Suite 502, Miami, FL 33129		
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)		
Name of Affiliated or Connected Organization	Mailing Address	Relationship
NA		
3. Area, Scope and Jurisdiction of the Committee		
Supporting issues for the betterment of the neighborhoods and for the protection of quality of life in the City of Miami.		
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)		
Quality of life issues in the City of Miami including civic and governmental matters.		
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)		
Full Name	Mailing Address	Committee Title or Position
Mirtha Guerra Aguirre	2929 SW 3 Avenue, Suite 502, Miami, FL 33129	Treasurer

<p style="text-align: right;">RECEIVED 2007 SEP 25 PM 3:56 FISCAL OFFICE OF THE CHIEF FINANCIAL OFFICER CITY OF MIAMI, FL</p> <p>6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)</p>											
Full Name	Mailing Address	Committee Title or Position									
Horacio Stuart Aguirre Elvis Cruz Grace Solares	1910 NW 13 Street, Miami, FL 33125 631 NE 57 Street, Miami, FL 33137 60 SW 30th Road, Miami FL 33129	Chairperson Vice Chair Secretary									
<p>7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)</p> <table border="1"> <thead> <tr> <th>Full Name</th> <th>Mailing Address</th> <th>Office Sought</th> <th>Party</th> </tr> </thead> <tbody> <tr> <td>NA</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Full Name	Mailing Address	Office Sought	Party	NA			
Full Name	Mailing Address	Office Sought	Party								
NA											
<p>8. List Any Issues this Committee is Supporting: Broad range of quality of life issues.</p> <p>List Any Issues this Committee is Opposing: Excessive, unrestrained, out of control development in the city of Miami and related matters.</p>											
<p>9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party</p> <p>No</p>											
<p>10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?</p> <p>Donation to a nonprofit entity located in the city of Miami to be selected at the time of dissolution.</p>											
<p>11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds</p> <table border="1"> <thead> <tr> <th>Name of Bank or Depository & Account Number</th> <th>Mailing Address</th> </tr> </thead> <tbody> <tr> <td>Continental National Bank of Miami</td> <td>1801 SW 1 Avenue, Miami, FL 33135</td> </tr> </tbody> </table>				Name of Bank or Depository & Account Number	Mailing Address	Continental National Bank of Miami	1801 SW 1 Avenue, Miami, FL 33135				
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Continental National Bank of Miami	1801 SW 1 Avenue, Miami, FL 33135										
<p>12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any</p> <table border="1"> <thead> <tr> <th>Report Title</th> <th>Dates Required to be Filed</th> <th>Name & Position of Official</th> <th>Mailing Address</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address				
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address								
STATE OF Florida		+ COUNTY									
<p>I, <u>Horacio Stuart Aguirre</u>, certify that the information in this Statement of Organization is complete, true and correct.</p>											
<input checked="" type="checkbox"/> <u>Horacio Stuart Aguirre</u> Signature of Chairman of Political Committee		<u>September 5, 2007</u> Date									

RECEIVED
STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR POLITICAL COMMITTEES
AND ELECTIONEERING COMMUNICATION
ORGANIZATIONS
(Sections 106.011(1) & 106.021(1), F.S.)

(PLEASE TYPE)

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2001 SEP 25 PM 4:49

PRISCILLA A. THOMPSON
CITY OF MIAMI, FLA.
CITY CLERK

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

1. Committee or Electioneering Communication Organization Name

United Neighborhoods for a Better Miami

2. Mailing Address

PO Box 453208, Miami, FL 33129

Telephone (optional)

305-860-8340

3. City

Miami

4. County

Miami Dade

5. State

FL

6. Zip Code

33129

The following person has been appointed to serve as Campaign Treasurer Deputy Treasurer for the above named committee.

7. Name of Treasurer or Deputy Treasurer

Mirtha Guerra Aguirre

8. Street Address

2929 SW 3 Avenue, Suite 502

9. City

Miami

10. County

Miami Dade

11. State

Florida

12. Zip Code

33129

I have designated the following named bank as my

Primary Depository

Secondary Depository

13. Bank Name (include account number)

Continental National Bank of Miami

14. Street Address

1801 SW 1 Avenue

15. City

Miami

16. County

Miami Dade

17. State

Florida

18. Zip Code

33135

19. Name of Chairman

Horacio Stuart Aguirre

20. Signature of Chairman

X Horacio Stuart Aguirre

Campaign Treasurer's Acceptance of Appointment

I, Mirtha Guerra Aguirre, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the United Neighborhoods for a Better Miami

Committee or Organization. As a duly registered voter in

Miami

County, Florida, I am

qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

9/5/07

Date

X

Signature of Campaign Treasurer or Deputy Treasurer