

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90024 047 ****61.25

DOCUMENT # 723568

1. Entity Name

DADE HERITAGE TRUST, INC.

Principal Place of Business

Mailing Address

190 S.E. 12TH TERRACE
 MIAMI FL 33131

190 S.E. 12TH TERRACE
 MIAMI FL 33131-3204

LUU14104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2194849

Applied For

Not Applied

Zip

Country

Zip

Country

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

MATKOV, BECKY ROPER
190 SE 12TH TERRACE
MIAMI FL 33131

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

Becky Roper N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|-------|-------------------------|--------------------------------------|-----------------|---------------------------------|-------|------|----------------|-------------|---|
| TP | PINKNEY, ENID C | 4990 NW 31 AVE | MIAMI FL 33176 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VT | POOLE, JEANETTE | 13611 S. DIXIE HWY STE 101 | MIAMI FL 33176 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST | PERKINS PARSONS, RACHEL | 670 NE 59TH STREET | MIAMI FL | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TT | MURPHY, WILLIAM P. | 595 BILTMORE WAY | CORAL GABLES FL | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TV | LAMBETH, PENNY | 15575 MIAMI LAKEWAY NORTH, SUITE 206 | MIAMI LAKES FL | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TV | GRAFTON, THORN | 2814 CHUCUNANTAH | MIAMI FL 33133 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

SIGN HERE

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if targeted to or an attachment with an address, with all other like empowered.

SIGNATURE:

Becky Roper **Becky R. Matkov** 1/24/2000 305-388-9572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #