


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004575

1. Entity Name
UNIQUE COALITION OF MINORITY BUSINESS OF SOUTH DADE, INC.



Principal Place of Business Mailing Address

**17510 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157** **17510 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157**

DO NOT WRITE IN THIS SPACE



03152004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-1023230 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAROCHE, JACQUES R
17510 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LAROCHE, JACQUES R 17510 SOUTH DIXIE HIGHWAY MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREER, TED JR, REV 9771 SW 216TH TERRACE MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERNARD, ANTHONY 9032 SW 152ND STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ-HEADLEY, LILLIAN 16155 SW 117TH AVE #B-3 MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000149834
05/03/04-80202-022 61.25

12. 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 reports 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 changed, or on an attachment with an address with all other filers empowered.

SIGNATURE:  **4/27/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #