

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723568

1. Entity Name

DADE HERITAGE TRUST, INC.

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

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

Principal Place of Business

Mailing Address

190 S.E. 12TH TERRACE
MIAMI FL 33131

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

00014104



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 Applicable

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

[Signature] 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

TITLE TP ☐ Delete
NAME PINKNEY, ENID C
STREET ADDRESS 4990 NW 31 AVE
CITY-ST-ZIP MIAMI FL 33176

TITLE VT ☐ Delete
NAME POOLE, JEANETTE
STREET ADDRESS 13611 S. DIXIE HWY STE 101
CITY-ST-ZIP MIAMI FL 33176

TITLE ST ☐ Delete
NAME PERKINS PARSONS, RACHEL
STREET ADDRESS 670 NE 59TH STREET
CITY-ST-ZIP MIAMI FL

TITLE TT ☐ Delete
NAME MURPHY, WILLIAM P.
STREET ADDRESS 595 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES FL

TITLE TV ☐ Delete
NAME LAMBETH, PENNY
STREET ADDRESS 15575 MIAMI LAKEWAY NORTH, SUITE 206
CITY-ST-ZIP MIAMI LAKES FL

TITLE TV ☐ Delete
NAME GRAFTON, THORN
STREET ADDRESS 2814 CHUCUNANTAH
CITY-ST-ZIP MIAMI FL 33133

SIGN HERE

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

[Signature] Rebecca R. Matkov 1/24/2000 305-388-9572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #