

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90086 027 ****70.00

DOCUMENT # 720180
 1. Entity Name
BROWARD COUNTY MINORITY BUILDERS COALITION, INC.

Principal Place of Business 771 NW 22ND ROAD FT. LAUDERDALE FL 33311		Mailing Address 771 NW 22ND ROAD FT. LAUDERDALE FL 33312-2175	
2. Principal Place of Business 665 SW 27th AVENUE Suite, Apt. #, etc. SUITE # 12 City & State FORT LAUDERDALE, FL. Zip 33312		3. Mailing Address 665 SW 27th AVENUE Suite, Apt. #, etc. SUITE # 12 City & State FORT LAUDERDALE, FL. Zip 33312	



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-7170674** | Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent LARKINS, ELIJAH 1534 NW 4 AVENUE POMPANO BEACH FL 33060		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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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 **ELIJAH LARKINS** **01-06-00**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>
NAME	LITTLE, LOUIS			NAME	TONY MALL		
STREET ADDRESS	4200 N.W. 25TH ST.			STREET ADDRESS	2000 N. 5TH TERRACE		
CITY-ST-ZIP	LAUDERHILL FL			CITY-ST-ZIP	HOLLYWOOD, FL. 33021		
TITLE	P	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>
NAME	BROWN, LLOYD			NAME	ASTON CAMPBELL		
STREET ADDRESS	112 S.W. 24TH AVE.			STREET ADDRESS	1821 W. OAKLAND PARK BLVD.		
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-ZIP	OAKLAND PARK FL. 33311		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	BROWN, HERMINE			NAME			
STREET ADDRESS	884 S.W. 27TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	LESLIE, HERMAN			NAME			
STREET ADDRESS	3658 N.W. 16TH STREET			STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE LAKES FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	YOUNG, BOBBY			NAME			
STREET ADDRESS	2120 NW 7TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/>
NAME	MAYZCK, MERLENE E			NAME	BRENDA GORDON		
STREET ADDRESS	834 NW 19TH TERRACE			STREET ADDRESS	6600 NW 27th AVENUE, SUITE 115		
CITY-ST-ZIP	FORT LAUDERDALE FL			CITY-ST-ZIP	MIAMI, FL. 33147		

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 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 changed, or on an attachment with an address, with all other like information.

SIGNATURE: **ELIJAH LARKINS** **01-06-00** **954-792-1121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #