## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 720180**

1. Entity Name

## BROWARD COUNTY MINORITY BUILDERS COALITION, INC.



FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90200 017 \*\*\*\*70.00

Principal Place of Business 665 SW 27TH AVE SUITE # 12 FORT LAUDERDALE FL 33312		Mailing Address 665 SW 27TH AVE SUITE # 12 FORT LAUDEROALE FL 33312			·   				
2. Principal Place of Business		3. Mailing Address			1 100711 10070 10	21  20 61  1841  851  851  8121 814 			
Suite, Apt.	#, etc-	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 2	3-7170674		oplied For ot Applicable	
Zip	Country Zip		Count	5. Certificate of Sta		tus Desired S \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
LARKINS, 1534 NW	, elijah 4 avenue		Street Address (			P.O. Box Number is Not Acceptable)			
POMPANO BEACH FL 33060									
				City		FL	Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its regist				office or	registered agent, or both, in	the State of Florida. I am	familiar with,	and accept	
the obligations of registered agent.									
SIGNATURE									
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 Campa Trust Fund Cont					\$5.00 May Be Added to Fees	Make Checi Florida Depar	-	1	
10.	0. OFFICERS AND DIRECTORS 1					ES TO OFFICERS AND DI	RECTORS IN	1 10	
TITLE	D	🔀 Delete	TITLE		DIRECTOR		☐ Change	<b>⊠</b> Addition 8	
NAME			NAME	4000000	TOMMIE B. BU	MMIE B. BUTTS, JR. 35 NW 19th STREET			
STREET ADDRESS   CITY-ST-ZIP			CITY-S	ADDRESS T-7IP	1635 NW 17" LAUDERDALE L	AVEC E/ ?	2311	180	
TITLE	P P	Delete TITI			LIMBERDITEE L	TRES, PC. O.	Change	Addition Solution Addition	
NAME	BROWN, LLOYD	La boloto	NAME						
STREET ADDRESS	IZ ONV. ETHI M.E.			ADDRESS				Ì	
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-S	T-ZIP					
TITLE	i Brown. Hermine	☐ Delete	TITLE	-			Change	Addition	
NAME STREET ADDRESS	884 S.W. 27TH AVENUE		NAME STREET	ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST					1	
TITLE	D	<b>⋈</b> Delete	TITLE		DIRECTOR	<del></del>	☐ Change	Addition	
NAME	LESLIE, HERMAN		NAME	į,	ELIJAH ADA	HS		_	
STREET ADDRESS	3658 N.W. 16TH STREET				1021 NW 1ST 5				
CITY-ST-ZIP	LAUDERDALE LAKES FL	LOIL			FORT LANDERDI	ALE FL. 333			
TITLE	D Young, Bobby	Delete	TITLE		DIRECTOR	F- 01 C.C.	Change	Addition	
NAME STREET ADDRESS	2120 NW 7TH STREET		NAME STREET	ADDRESS	ANGELLA 3784 NW 16#	TONES E STREET		}	
CITY-ST-ZIP	FT. LAUDERDALE FL.					UDERHILL FL 33311			
TITLE	\$	☐ Delete	TITLE			<u> </u>	☐ Change	Addition	
NAME	GORDON, BRENDA		NAME	Į			<del>-</del>		
STREET ADDRESS	6600 NW 27TH AVE, SUITE 115			ADDRESS					
CITY-ST-ZIP.	MIAMI FL 33147		CITY-ST	T-ZIP	<del></del>				

12. I hereby certify that the information supplied with this filling 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 empowered.

ELITAH LARKINS

SIGNATURE: SIGNATURE REQUIREDEXECUTIVE DIRECTOR 1- -03 954-792-1121