

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739471

1. Entity Name

FLORIDA REGIONAL MINORITY PURCHASING COUNCIL, IN

Principal Place of Business

600 N.W. 79TH AVE
STE 136
MIAMI FL 33126
US

Mailing Address

600 N.W. 79TH AVE
STE 136
MIAMI FL 33126-4018
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1746154

Applied For

Not Applicable

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

BRUTUS, PHILLIP J., ESQ.
645 JNE 127TH ST.
NORTH MIAMI FL 33161

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, 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	T GAINEY, L.D. II 1608 SE 3RD AVE STE 222 FT LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWANSON, ROBERT 600 N.W. 79TH AVE #136 MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADDISON, CLIFTON 1 WERALD PLAZA MIAMI FL 33132-1693	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, JUDY 300 BISCAYNE BLVD. WAY MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WINDELL, PAIGE 7760 N.W. 50TH ST., BLDG F MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARRILLO, ENRIQUE 2350 CORAL WAY, STE. 301 MIAMI, FL33145	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOTTIE JOHNSON 2200 NW 72ND.AVE STE 204 MIAMI, FL 33152-9461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADDISON, CLIFTON 1 HERALD PLAZA MIAMI, FL 33132-1693	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIGHTOWER, DANA 13449 NW 42 AVE MIAMI, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P(ACTING) AUDRIC DODDS 600 NW 79 AVENUE, STE 136 MIAMI, FL 33126-4018	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: *Audric Dodds* *3/16/00* *305-260-9901*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90046 039 ****61.25

00042112



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)