

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 91355 031 \*\*\*150.00

**DOCUMENT # 739471**

1. Entity Name

**FLORIDA REGIONAL MINORITY BUSINESS COUNCIL, INC.**

Principal Place of Business

Mailing Address

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

600 N.W. 79TH AVE  
 STE 136  
 MIAMI FL 33126  
 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 CARRILLO, ENRIQUE 2350 CORAL WAY STE301 MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, DOTTIE 2200 NW 72ND AVE STE 204 MIAMI FL 33152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADDISON, CLIFTON 1 WERALD PLAZA MIAMI FL 33132-1693	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Chairman CLIFTON, ADDISON 1 HERALD PLAZA MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIGHTOWER, DANA 13449 NW 42 AVE OPA LOCKA FL 33054	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LOUISSAINT, BEATRICE 600 N.W. 79TH AVE MIAMI FL 33126	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert McCombes - Ballou 2200 Old Germantown Rd Delray Bch, FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Felipe Madrigal 1545 NW 85th Av Miami FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01

(305) 260-9901

CR2E037 (10/00)

ATTACHMENT

8:41 AM

4/20/01 CORPORATE DETAIL RECORD SCREEN  
NUM: 739471 ST:FL ACTIVE/FL NON-PROF FLD: 06/24/1977  
LAST: AMENDMENT AND NAME CHANGE FLD: 07/14/2000  
FEI#: 59-1746154  
NAME : FLORIDA REGIONAL MINORITY BUSINESS COUNCIL, INC.  
NH: 2  
PRINCIPAL: 600 N.W. 79TH AVE  
ADDRESS STE 136  
MIAMI, FL 33126 US  
RA NAME : BRUTUS, PHILLIP J., ESQ.  
RA ADDR : 645 JNE 127TH ST.  
NORTH MIAMI, FL 33161 US  
ANN REP : (1998) B 02/05/98 (1999) A 03/05/99 (2000) A 03/22/00

CHANGED: 03/05/99

NAME CHG: 08/05/91  
ADDR CHG: 04/15/96

1. MENU, 3. OFFICERS, 4. EVENTS, 5. NOTES, 6. NAMES, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

739471