

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739471

1. Entity Name

FLORIDA REGIONAL MINORITY BUSINESS COUNCIL, INC.

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  
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

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

7. Name and Address of New Registered Agent

Name: Beatrice Louissaint  
Street Address (P.O. Box Number Not Acceptable): 600 N.W. 79th Ave, Suite 136  
City: Miami, FL 33126  
Zip Code: FL

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCCOMES-BALLOU, ROBERT	
STREET ADDRESS	2200 OLD GERMANTOWN ROAD	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, DOTTIE	
STREET ADDRESS	2200 NW 72ND AVE STE 204	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	S	<input type="checkbox"/> Delete
NAME	MADRIGAL, FELIPE	
STREET ADDRESS	1565 NW 88TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLIFTON, ADDISON	
STREET ADDRESS	1 HERALD PLAZA	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	LOUISSAINT, BEATRICE	
STREET ADDRESS	600 N.W. 79TH AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

FILED  
May 29, 2002 8:00 am  
Secretary of State

04-02-2002 90090 027 \*\*\*\*61.25

BBUJ0001



DO NOT WRITE IN THIS SPACE

CR2E037 (8/01)