

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90032 012 \*\*\*\*61.25

0025051

**DOCUMENT # N00000004575**

1. Entity Name

**UNIQUE COALITION OF MINORITY BUSINESS OF SOUTH D  
ADE, INC.**

Principal Place of Business

Mailing Address

**17510 SOUTH DIXIE HIGHWAY  
MIAMI FL 33157**

**17510 SOUTH DIXIE HIGHWAY  
MIAMI FL 33157**

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

**65-1023230**

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

**LAROCHE, JACQUES R  
17510 SOUTH DIXIE HIGHWAY  
MIAMI FL 33157**

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 **DC** ☐ Delete  
NAME **LAROCHE, JACQUES R**  
STREET ADDRESS **17510 SOUTH DIXIE HIGHWAY**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **GREER, TED JR, REV**  
STREET ADDRESS **9771 SW 216TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33190**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **BERNARD, ANTHONY**  
STREET ADDRESS **9032 SW 152ND STREET**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **GONZALEZ-HEADLEY, LILLIAN**  
STREET ADDRESS **16155 SW 117TH AVE #B-3**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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**

**3/30/02**

**305 256-5664**

CR2E037 (9/01)