DOCUMENT # N05096

1. Entity Name

NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL OF Florida

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90031 020 ****70.00

Principal Place of Business	Mailing Address
7200 LAKE ELLENOR DR STE 242 ORLANDO FL 32809 US	7200 LAKE ELLENOR DR STE 242 ORLANDO FL 32809 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6880 Lake Ellenor Dr	6880 Lake Ellenor Dr
Suite, Apt. #, etc.: 1	Suite, Apt. #, etc.: 1
City & State: Orlando FL	City & State: Orlando FL
Zip: 32809 Country: US	Zip: 32809 Country: US

4. FEI Number: 59-2547257 ☐ 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
ALI, MALIK 545 VERN DRIVE ORLANDO FL 32805	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: ✓ Malik Ali DATE: 1/4/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP KEVIN GASTON 445 W AMELIA ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ERRICK YOUNG 500 S ORANGE AVE ORLANDO FL 32802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FREEMAN, NANCY 8800 ADAMO DR TAMPA FL 33619	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Valerie Nesbitt 1020 Delta Blvd Dept 916 Atlanta GA 30320	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CORNISH, KELLY 1770 N. 50TH ST. TAMPA FL 33619	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Donna Dozier - Gordon 5900 Lake Ellenor Dr Orlando, FL 32809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DED ALI, MALIK 7200 LAKE ELLENOR DR, STE 242 ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIC NUNEZ, LEYDI 11491 ROCKET BLVD ORLANDO FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 Malik Ali 1-4-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #