2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State
01-30-2002 90061 010 ****70.00

0013191

DOCUMENT # N05096

1. Entity Name

NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL O F FLORIDA, INC.

Principal Place of Business	Mailing Address
6880 LAKE ELLENOR DRIVE 1 ORLANDO FL 32809 US	6880 LAKE ELLENOR DRIVE 1 ORLANDO FL 32809 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6880 Lake Ellenor Drive	6880 Lake Ellenor Drive
Suite, Apt. #, etc.: 104A	Suite, Apt. #, etc.: 104A
City & State: Orlando, FL	City & State: Orlando FL
Zip: 32809 Country: Orange	Zip: 32809 Country: Orange

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 X Malik Ali 1/7/02
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	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 NESBITT, VALERIE 1020 DELLA BLVD DEPT 916 ATLANTA GA 30320	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DOZIER-GORDON, DONNA 3900 LAKE ELLENOR DRIVE ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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, LEYD 11491 ROCKET BLVD ORLANDO FL 32824	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIC Mark Govin P O Box 16727 , Tampa FL	☐ Change ☒ Addition

CR2E037 (9/01)

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: X Malik Ali FILED 1/7/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #