

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90035 014 \*\*\*\*70.00

**DOCUMENT # N11079**

1. Entity Name

**THE DADE COUNTY BEACON COUNCIL, INC.**

Principal Place of Business

Mailing Address

C/O FRANK NERO  
 80 S.W. 8 ST.,STE.2400  
 MIAMI FL 33130

C/O FRANK NERO  
 80 S.W. 8 ST.,STE.2400  
 MIAMI FL 33130-3013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FET Number

**59-2603574**

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

**NERO, FRANK**  
**80 S.W. 8 ST.,STE.2400**  
**MIAMI FL 33130**

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: **CEO**  Delete  
 NAME: **MESSING, FRED M**  
 STREET ADDRESS: **8900 N KENDALL DRIVE**  
 CITY-ST-ZIP: **MIAMI FL 33176-2197**

TITLE: **CD**  Change  Addition  
 NAME: **Messing, Fred**  
 STREET ADDRESS: **8900 N. Kendall Drive**  
 CITY-ST-ZIP: **Miami, Florida 33176-2197**

TITLE: **CD**  Delete  
 NAME: **FOYO, GEORGE C/O AT&**  
 STREET ADDRESS: **2333 PONCE DE LEON BLVD., RM 1019**  
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: **CEO**  Change  Addition  
 NAME: **Del Valle, Mario**  
 STREET ADDRESS: **1101 Brickell Avenue**  
 CITY-ST-ZIP: **Miami, Fl. 33131**

TITLE: **SD**  Delete  
 NAME: **ARSHT, ADRIENNE C/O T**  
 STREET ADDRESS: **2720 CORAL WAY**  
 CITY-ST-ZIP: **MIAMI FL 33145-3271**

TITLE: **VCD**  Change  Addition  
 NAME: **Knox, George**  
 STREET ADDRESS: **2601 S. Biscayne Dr. Suite 1400**  
 CITY-ST-ZIP: **Miami, Fl.**

TITLE: **TD**  Delete  
 NAME: **DEL VALE, MARIO L**  
 STREET ADDRESS: **1101 BRICKELL AVE**  
 CITY-ST-ZIP: **MIAMI FL 33131**

TITLE: **TD**  Change  Addition  
 NAME: **Cornish, Tom**  
 STREET ADDRESS: **777 Brickell Avenue, 4th Floor**  
 CITY-ST-ZIP: **Miami, Fl. 33131**

TITLE: **CEO**  Delete  
 NAME: **NERO, FRANK**  
 STREET ADDRESS: **80 SW 8TH ST., STE 2400**  
 CITY-ST-ZIP: **MIAMI FL 33130**

TITLE: **CEO**  Change  Addition  
 NAME: **Nero, Frank**  
 STREET ADDRESS: **80 SW 8th Street, Suite 2400**  
 CITY-ST-ZIP: **Miami, FL: 33130**

TITLE: **VPCD**  Delete  
 NAME: **GLEAN-JONES, CAMELA**  
 STREET ADDRESS: **80 SW 8TH ST SUITE 2400**  
 CITY-ST-ZIP: **MIAMI FL 33130**

TITLE: **SD**  Change  Addition  
 NAME: **Arsht, Adrienne**  
 STREET ADDRESS: **2727 Coral way**  
 CITY-ST-ZIP: **Miami, FL 33145-3271**

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 persons empowered.

SIGNATURE:

*Camela Glean-Jones*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/31/2000 305 579 1300*  
 Date Daytime Phone #