2000 UNIFORM BUSINESS REPORT (UBR)

05-14-2001 90058 040 ***297.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 16 PM 3:20

DOCUMENT # N14427

1. Entity Name

COUNCIL FOR BLACK ECONOMIC DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
3800 W BROWARD BLVD FT LAUDERDALE FL 33312 US	3800 W BROWARD BLVD FT LAUDERDALE FL 33312 US

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 00-01

2. Principal Place of Business	3. Mailing Address
1951 NW 85th Way	1951 NW 85th Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Pembroke Pines, FL	Pembroke Pines FL
City & State	City & State
Zip: 33024 Country: USA	Zip: 33024 Country: USA

4. FEI Number 65-0023558 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, ALDWYN MR.
1951 N.W. 85TH WAY
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

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 Aldwyn C Thomas ALDWYN C THOMAS 7/5/01
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
After September 13, 2000 min. will be $236.25

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	CHAIRMAN/D THOMAS, ALDWYN 3800 W BROWARD BLVD FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/DIRECTOR	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ASH, ANTHONY D 3500 S.W. 15TH ST. FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST.D LD Gainey II 3490 NW 29th Street Ft Lauderdale, Fl 33311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER/DIRECTOR WILCOX, GERALD 2331 N. STATE ROAD 7, #106 LAUDERHILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (5/00)

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: Aldwyn C Thomas ALDWYN C THOMAS 9/1/00. (954)435 6845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #