

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14427

1. Entity Name

COUNCIL FOR BLACK ECONOMIC DEVELOPMENT, INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90197 044 ****70.00

Principal Place of Business

Mailing Address

1951 N.W. 85TH WAY
PEMBROKE PINES FL 33024
US

1951 N.W. 85TH WAY
PEMBROKE PINES FL 33024
US

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

65-0023558

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

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

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

4/24/02

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	CD THOMAS, ALDWYN	<input type="checkbox"/> Delete
STREET ADDRESS	3800 W BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE NAME	STD GAINEY, LD II	<input type="checkbox"/> Delete
STREET ADDRESS	3490 N.W. 29TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE NAME	TD WILCOX, GERALD	<input type="checkbox"/> Delete
STREET ADDRESS	2331 N. STATE ROAD 7, #106	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Aldwyn C Thomas ALDWYN C THOMAS

4/24/02 (958) 435 4845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)