

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-05-2001 90001 002 \*\*\*\*70.00

**DOCUMENT # N21688**

1. Entity Name

**DADE COUNTY FEDERATION OF BLACK EMPLOYEES, INC.**

Principal Place of Business

Mailing Address

6600 NW 27 AVE  
 201  
 MIAMI FL 33147  
 US

6600 NW 27 AVE  
 201  
 MIAMI FL 33147  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0522772

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SILAS, J. BARON  
 18015 NW 25 COURT  
 MIAMI FL 33056

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 **P D** ☐ Delete  
 NAME **SILAS, J. BARON**  
 STREET ADDRESS **18015 NW 25 CT**  
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPD** ☒ Delete  
 NAME **PAGE, JOHN**  
 STREET ADDRESS **1741 NW 185TH ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **DIST VICE PRESIDENT** ☒ Change ☐ Addition  
 NAME **MALIK MATHEM**  
 STREET ADDRESS **17031 NW 12 AVE**  
 CITY-ST-ZIP **MIAMI, FL 33069**

TITLE **VD** ☐ Delete  
 NAME **JOHNSON, DUTCHIE**  
 STREET ADDRESS **13000 NW 17 COURT**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☐ Delete  
 NAME **BROWN, EDITH**  
 STREET ADDRESS **2190 SW 108 CT**  
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **ST** ☐ Delete  
 NAME **DOUCE, MICHAEL**  
 STREET ADDRESS **954 SW 119 PL**  
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VP** ☒ Delete  
 NAME **MATEEM, MALIK**  
 STREET ADDRESS **17031 NW 12TH AVE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **JOHN PAGE** ☒ Change ☐ Addition  
 NAME **1741 NW 185 ST**  
 STREET ADDRESS **MIAMI, FL 33056**  
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)