FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 22, 2002 8:00 am Secretary of State **DOCUMENT # N21688** 1. Entity Name 09-22-2002 90058 013 \*\*\*236.25 DADE COUNTY FEDERATION OF BLACK EMPLOYEES, INC. Principal Place of Business Mailing Address 6600 NW 27 AVE 6600 NW 27 AVE W201 W201 MIAMI FL 33147 **MIAMI FL 33147** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0522772 Not Applicable \_Zip Zip Country \$8.75 Additional-5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILAS, J. BARON Street Address (P.O. Box Number is Not Acceptable) 18015 NW 25 COURT MIAMI FL 33056 City Zip Code entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept The above named the obligations of red (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to min. will be \$236.25. Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SILAS, J. BARON NAME 18015 NW 25 CT STREET ADDRESS STREET ADDRESS City-ST-ZIP MIAMI FL 33056 CITY-ST-ZIP 1VPD TITLE Delete VICE PRESIDENT Change MATERM, MALIK NAME 17031 NW\_12\_AVENUE\_\_\_ STREET ADDRESS STREET ADDRESS CITY-ST-7/P MIAMI FL 33069 CITY-ST-ZIP VD TITLE Delete TITLE JOHNSON, DUTCHIE NAME NAME STREET ADDRESS 13000 NW 17 COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Delete TITLE Addition Addition BROWN, EDITH NAME STREET ADDRESS 2190 SW 108 CT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33184** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DOUCE, MICHAEL NAME NAME STREET ADDRESS 954 SW 119 PL STREET ADDRESS CITY-ST-ZIP MIAMI FL 33184 CITY-ST-ZIP TITLE VICE PRESIDENT DENT, BARBARY 16603 SW 99 PL minni, FL 3315 Delete Addition PACE, JOHN NAME NAME

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 as 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURI

STREET ADDRESS

1741 NW 185 STREET

**MIAMI FL 33056**