

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90085 037 ****70.00

CR2E037 (4/03)

DOCUMENT # **N21688**

1. Entity Name

DADE COUNTY FEDERATION OF BLACK EMPLOYEES, INC.



Principal Place of Business

6600 NW 27 AVE
W201
MIAMI FL 33147
US

Mailing Address

6600 NW 27 AVE
W201
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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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.
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SILAS, J. BARON	
STREET ADDRESS	18015 NW 25 CT	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	JOHNSON, DUTHIE	
STREET ADDRESS	17031 NW 12 AVENUE	
CITY-ST-ZIP	MIAMI FL 33069	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	COX, VICTORIA	
STREET ADDRESS	6600 NW 27 AVE	
CITY-ST-ZIP	MIAMI FL 33147	
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NAME	FAOSPM, TO,	
STREET ADDRESS	16821 SW 109 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
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NAME	DOUCE, MICHAEL	
STREET ADDRESS	954 SW 119 PL	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DENT, BARBARA P	
STREET ADDRESS	16603 SW 99 PLACE	
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