

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001896

1. Entity Name

FUND FOR MINORITY LEADERSHIP DEVELOPMENT IN SOUT

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90008 033 ****61.25

Principal Place of Business

Mailing Address

609 BRICKELL AVENUE
MIAMI FL 33131
US

609 BRICKELL AVENUE
MIAMI FL 33131-2510
US

2. Principal Place of Business

111 NE FIRST ST.

3. Mailing Address

111 NE FIRST ST.

Suite, Apt. #, etc.

7th FLOOR

Suite, Apt. #, etc.

7th FLOOR

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number

65-0440617

Applied For

Not Applicable

Zip
33132

Country
USA

Zip
33132

Country
USA

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

HKE&F REGISTERED AGENT CORP.
2601 S. BAYSHORE DR.
SUITE 600
MIAMI FL 33133

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 PD ☐ Delete
NAME FURIA, ARTHUR J.
STREET ADDRESS 2601 S BAYSHORE DRIVE, SUITE 600
CITY-ST-ZIP MIAMI FL

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

TITLE VD ☐ Delete
NAME O'NEILL, REV. PATRICK H
STREET ADDRESS 609 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL

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

TITLE VSD ☐ Delete
NAME O'NEILL, PATRICK H
STREET ADDRESS 609 BRICKELL AVE
CITY-ST-ZIP MIAMI FL 10

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)