

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90172 016 ****61.25

DOCUMENT # N93000001896

1. Entity Name

FUND FOR MINORITY LEADERSHIP DEVELOPMENT IN SOUTHERN FLORIDA, INC.



Principal Place of Business

**111 NE FIRST ST
7TH FLOOR
MIAMI FL 33131
US**

Mailing Address

**111 NE FIRST ST
7TH FLOOR
MIAMI FL 33131
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0440617**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEP REGISTERED AGENT CORP.
2001 S. BAYSHORE DR.
SUITE 600
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **Furia Law Firm**

Street Address (P.O. Box Number is Not Acceptable)

800 Brickell Avenue Ste. 1105

City

Miami Florida

FL

Zip Code

33131

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

Arthur J. Furia **Arthur J. Furia**

3/3/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **FURIA, ARTHUR J.** ☐ Delete
STREET ADDRESS **800 Brickell Ave. #1105**
CITY-ST-ZIP **MIAMI FL 33131**
~~2001 S BAYSHORE DRIVE, SUITE 600~~

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CR2E037 (10/02)

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:

Arthur J. Furia **REQUIRED**

3/3/03

305-371-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR