04-30-1999 90008 018 ****70.00

Mailing Address

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9400005799

Principal Place of Business

MINORITY/WOMEN BUSINESS ENTERPRISE ALLIANCE, INC

100	0 34TH ST.			3700 34TH ST. 100									
	LANDO FL 3	32805		ORLANDO FL 3280	6					/	IIK i giği b irii i		
US		,		US						•			
		•											
2.	Principal Pl	ace of Business	-	2a. Mailing Addres	is			3. Date II	ncorporated or Qua	alifed	•		
21				26					<u> </u>			TA	
	Suite, Apt.	#, etc.		Suite, Apt. #, e	etc.			4. FEI No	amber 286950		·- -		lied For
22				27				35 32	200950				Applicable
	City & State	9	•	City & State				5. Certifo	ate of Status Desir	ed 🔀		-	iditional
23				28								ee Req	
	Zip	Count	ту	Zip		Country			on Campaign Finan	icing 🖂	•	.00 N	• 1
24		25		29	30	1			Fund Contribution			ded to	rees
		9. Name and Addr	ess of Curre	nt Registered Agent				10. Name	and Address of N	New Registe	ered Agent		
				•		81	Name						
lι	RROWN-H	ARRIS, ANN PRE	SIDENT	¥ CEU		. 82	Street	Address (P.O. Bo	x Number is Not Ac	cceptable)			
		LIANCE INC.						(* ****					
		STREET, SUITE 10)0			83				٠,	* .	'	
l		FL 32808				84	City	-			85	Zip Co	ode
{		* *									FL		·
11	Pursuant	to the provisions of Sec	ctions 617.050	02 and 617.1508, Florida	Statutes,	the above	-named	corporation subm	its this statement fo	or the purpos	se of changi	ng its r	egistered
	office or re	egistered agent, or bot	b, in the State	02 and 617.1508, Florida e of Florida. Such change ations of, Section 617.05	was autho	orized by	the corpo	oration's board of	directors. I hereby	accept the a	appointment	as regi	stereo
				ations of, Section 017.05	, i 1011da	olalaics.	•		Naci	CG			
ŞI	GNATURE	Signature, typed or printed nam	ne of registered age	ent and title if applicable.	(NOTE: Rec	gistered Agen	t signature r	required when reinstating	7125/	7-7 DAT	TE :		
12				ND DIRECTORS	<u> </u>	13.	-	ADDITI	ONS/CHANGES TO	O OFFICER	S AND DIR	ECTOR	S IN 12
TITL										1			
	F	WG-11 HALIR	MAN	☐ DEL	.ETE	1.1 TITLE					Cr	iange	Addition
		ZAK RODERICK R		☐ DEL	.ETE	1.1 TITLE 1.2 NAME		D	Green		CI	iange	X Addition
NAM	ΛE	ZAK, RODERICK R	REV	□ DEI	ETE.	1.2 NAME	ADDRESS	Judson		Sto.	₹.	iange	X Addition
NAM STF	ME REET ADDRÉSS	ZAK, RODERICK R 3700 34TH ST., ST	REV	DEI	ETE	1.2 NAME 1.3 STREET		Judson 3700 3	4th St.,		₹.	iange	X Addition
NAM STF	ME REET ADDRESS Y-ST-ZIP	ZAK, RÓDERICK R 3700 34TH ST., ST ORLANDO FL	REV			1.2 NAME 1.3 STREET 1.4 CITY-ST		Judson 3700 3 Orland			100		Addition
NAM STF CIT	ME REETADDRESS Y-ST-ZIP LE	ZAK, RÓDERIĆK R 3700 34TH ST., ST ORLANDO FL 2VC	REV	□ DEL		1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE		Judson 3700 3 Orland D	4th St., o, FL 32		₹.		
STE CIT TITL	AE REET ADDRESS Y-ST-ZIP LE ME	ZAK, RÓDERIĆK R 3700 34TH ST., ST ORLANDO FL 2VC MILLER, WILLIAM	REV E. 100			1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	r-zip	Judson 3700 3 Orland D Ron Si	4th St., o, FL 32 kes	805	100		
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like ampowered.

6.4 CITY-ST-ZIP

SIGNATURE: