

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90212 048 ****70.00

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1. Entity Name
MINORITY/WOMEN BUSINESS ENTERPRISE ALLIANCE, INC

Principal Place of Business
**625 E. COLONIAL DRIVE
ORLANDO FL 32803
US**

Mailing Address
**625 E. COLONIAL DRIVE
ORLANDO FL 32803
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **59-3286950**
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROWN-HARRIS, ANN P
M/WBE ALLIANCE INC.
625 E. COLONIAL DRIVE
ORLANDO FL 32803**

*SAME
PERSON
NAME
CHANGE*

7. Name and Address of New Registered Agent

Name **ANN BROWN PAYNE**
Street Address (P.O. Box Number is Not Acceptable)
**M/WBE ALLIANCE, INC.
625 E. Colonial Drive**
City **ORLANDO** FL Zip Code **32803**

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

Ann Brown Payne **Ann Brown Payne** **2/6/03**
(NOTE: Registered Agent signature required when reinstating)

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

TITLE	DC	<input type="checkbox"/> Delete
NAME	ZAK, RODERICK R REV	
STREET ADDRESS	625 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEPULVEDA, GEOVANNY	
STREET ADDRESS	625 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOOD, GLENDA	
STREET ADDRESS	625 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROTTY, RICHARD	
STREET ADDRESS	625 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	PCED	<input type="checkbox"/> Delete
NAME	BROWN PAYNE, ANN H	
STREET ADDRESS	625 E. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VED	<input type="checkbox"/> Delete
NAME	JAN STRATTON	
STREET ADDRESS	625 E. Colonial Drive	
CITY-ST-ZIP	ORLANDO FL 32803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ann Brown Payne **ANN BROWN PAYNE** **PRESIDENT** **FL** **2/6/03** **407425863**

CR2F037 (10/02)