# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 11, 2002 8:00 am**
**Secretary of State**
03-11-2002 90082 032 ****70.00

DOCUMENT # N96000004779

1. Entity Name

MINORITY DEVELOPMENT AND EMPOWERMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 470 NE 13TH ST<br>FORT LAUDERDALE FL 33304<br>US | 470 NE 13TH ST<br>FORT LAUDERDALE FL 33304<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 65-0693623 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| AMERILAWYER CHARTERED<br>343 ALMERIA AVENUE<br>CORAL GABLES FL 33134 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LECONTE, FRANCOIS<br>2010 S.W. 99TH TERRACE<br>MIRAMAR FL 33025 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>FRANCOIS LECONTE<br>16280 NW 17TH ST.<br>Pembroke Pines, FL 33028 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WALSRON, DONNA L (D)<br>2400 E ATLANTIC BLVD.<br>POMPANO BEACH FL 33060 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHAIR (D)<br>SCOTT MARDER<br>200 E Broward, BND 15th Floor<br>Fort-Lauderdale, FL 33301 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>LOVE, JULIETTE (D)<br>2730 SOMERSET DR # 103<br>LAUDERDALE LAKES FL 33311 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary (D)<br>Carlton Moore<br>100 N Andrews Avenue<br>Fort-Lauderdale, FL 33301 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>PALMER, ANA (D)<br>6619 S DIXIE HIGHWAY # 381<br>MIAMI FL 33143 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice-Chair (D)<br>Payline Grant<br>1608 NE 3rd Avenue<br>Fort-Lauderdale, FL 33316 ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TC<br>RIEDEL, MOURY A (D)<br>200 E LAS OLAS BLVD.<br>FORT LAUDERDALE FL 33301 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VC<br>FAN FAN, JOSEPH DR (D)<br>300 W SUNRISE BLVD. # 8<br>FORT LAUDERDALE FL 33311 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 REQUIRED Francois Leconte, President 2/21/02 (954)764-5101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Day-time Phone #