

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

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90053 027 \*\*\*\*61.25

**DOCUMENT # N96000004779**

1. Entity Name

**MINORITY DEVELOPMENT AND EMPOWERMENT, INC.**



Principal Place of Business

**470 NE 13TH ST  
FORT LAUDERDALE FL 33304  
US**

Mailing Address

**470 NE 13TH ST  
FORT LAUDERDALE FL 33304  
US**

2. Principal Place of Business

**1703 N. Andrews Avenue**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**1703**

Suite, Apt. #, etc.

City & State

**Fort-Lauderdale, FL**

City & State

Zip

**33311**

Country

**Broward**

Zip

Country

4. FEI Number **65-0693623**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/03**

**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	PD	<input type="checkbox"/> Delete
NAME	LECONTE, FRANCOIS	
STREET ADDRESS	16280 NW 17TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WALSRON, DONNA L	
STREET ADDRESS	2400 E ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MARDER, SCOTT	
STREET ADDRESS	200 E BROWARD BLVD, 15TH FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MBORE, CARLTON	
STREET ADDRESS	100 N ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GRANT, PAULINE	
STREET ADDRESS	1608 NE 3RD AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULINE Grant	
STREET ADDRESS	1608 NE 3RD AVE	
CITY-ST-ZIP	FORT LAUD, FL 33316	
TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levi Williams	
STREET ADDRESS	1703 N Andrews Ave	
CITY-ST-ZIP	Fort-Laud, FL 33311	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Song Fenelon	
STREET ADDRESS	111 NW 12th Avenue	
CITY-ST-ZIP	Deerfield Beach, FL 33023	
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 empowerment.

SIGNATURE:

**SIGNATURE REQUIRED**

**4/29/03**

**(904) 315-4549**

CR2E037 (10/02)