

8/12

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-12-2002 90011 030 ****61.25

DOCUMENT # N98000004529

1. Entity Name

MINORITY GROUP DEVELOPMENT INC. ✓

Principal Place of Business

10822 NW 7TH AVE
MIAMI FL 33168

Mailing Address

10822 NW 7TH AVE
MIAMI FL 33168

- 98010

2. Principal Place of Business

10822 NW 7th Avenue

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

City & State

Miami, FL

City & State

Same

4. FEI Number

65-0919362

☒ Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MONESTIME, CARMELAU
334 NORTHWEST 110TH STREET
MIAMI FL 33168

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

After September 13, 2002,
 min. will be \$236.25.

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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **MONESTIME, ELVIRE**
 CITY-ST-ZIP **334 NORTHWEST 110TH STREET**
MIAMI FL 33168

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **CHERY, MARGARETTE**
 CITY-ST-ZIP **305 NORTHWEST 138TH STREET**
MIAMI FL 33168

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **JEAN-LOUIS, STANDLEY**
 CITY-ST-ZIP **305 NORTHWEST 138TH STREET**
MIAMI FL 33168

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MONESTIME, CARMELOU**
 CITY-ST-ZIP **10822 NW 7TH AVE**
MIAMI FL 33168

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carmelou Monestime 08/26/02
 Date Daytime Phone

CR2E037 (4/02)