

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90002 030 ****61.25

DOCUMENT # N99000001028

1. Entity Name

MIAMI-DADE EMPOWERMENT TRUST, INC.

Principal Place of Business

140 WEST FLAGLER STREET
 SUITE 1107
 MIAMI FL 33130

Mailing Address

140 WEST FLAGLER STREET
 SUITE 1107
 MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0911008

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURRY, CYNTHIA W
 150 S.E. 2ND AVE, STE. 913
 MIAMI FL 33131

Name **Bryan K. Finnie**

Street Address (P.O. Box Number is Not Acceptable)
140 West Flagler Street

Suite 1107

City **Miami**

FL

Zip Code **33130**

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
After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **PENELAS, ALEX**
 STREET ADDRESS **111 NORTHWEST 1ST STREET, STE. 210**
 CITY-ST-ZIP **MIAMI FL 33128**

Change Addition

TITLE **D** Delete
 NAME **CAROLLO, JOE**
 STREET ADDRESS **3500 PAN AMERICAN DR**
 CITY-ST-ZIP **MIAMI FL 33133**

Change Addition

TITLE **D** Delete
 NAME **SHIVER, STEVE**
 STREET ADDRESS **790 HOMESTEAD BLVD**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

Change Addition

TITLE **D** Delete
 NAME **WALLACE, OTIS T**
 STREET ADDRESS **404 W PALM AVE**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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

(305) 372-7620

Date Daytime Phone #

CR2E037 (5/00)