

2001 UNIFORM BUSINESS REPORT (UBR)**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0911008

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FINNIE, BRYAN K
140 WEST FLAGLER STREET
SUITE 1107
MIAMI FL 33130**

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.

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENELAS, ALEX	
STREET ADDRESS	111 NORTHWEST 1ST STREET, STE. 210	
CITY-ST-ZIP	MIAMI FL 33128	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAROLLO, JOE	
STREET ADDRESS	3500 PAN AMERICAN DR	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHIVER, STEVE	
STREET ADDRESS	790 HOMESTEAD BLVD	
CITY-ST-ZIP	HOMESTEAD FL 33030	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALLACE, OTIS T	
STREET ADDRESS	404 W PALM AVE	
CITY-ST-ZIP	FLORIDA CITY FL 33034	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T. Willard Fair (D)	
STREET ADDRESS	8500 NW 25 Avenue	
CITY-ST-ZIP	Miami, Florida 33147	

TITLE	Vice-Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. W. Dean Goldsby, Sr. (D)	
STREET ADDRESS	3050 Biscayne Boulevard, Suite 504	
CITY-ST-ZIP	Miami, Florida 33137	

TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie Carpenter (D)	
STREET ADDRESS	28801 SW 157 Avenue	
CITY-ST-ZIP	Homestead, Florida 33030	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-23-2001 90101 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)