

2000 UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # N99000006407

1. Entity Name

MINORITY COMMUNITY DEVELOPMENT, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

02-29-2000 90178 013 ****61.25

Principal Place of Business	Mailing Address
8500 S.W. 8TH STREET SUITE 220 MIAMI FL 33144	8500 S.W. 8TH STREET SUITE 220 MIAMI FL 33144-4002

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0984261	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
FACIO, MADELAINE 8500 S.W. 8TH STREET SUITE 220 MIAMI FL 33144

7. Name and Address of New Registered Agent
Name Madelaine Facio
Street Address (P.O. Box Number is Not Acceptable) 5280 N.W. 7 St.
Unit Unit 501
City Miami
FL
Zip Code 33126

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 re-registering)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	FACIO, MADELAINE
STREET ADDRESS	8500 S.W. 8TH STREET SUITE 220
CITY-ST-ZIP	MIAMI FL 33144
TITLE	D <input type="checkbox"/> Delete
NAME	DELARA, ISABEL
STREET ADDRESS	8500 S.W. 8TH STREET SUITE 220
CITY-ST-ZIP	MIAMI FL 33144
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PEREDA, ARIEL I
STREET ADDRESS	8500 S.W. 8TH STREET SUITE 220
CITY-ST-ZIP	MIAMI FL 33144
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Madelaine Facio
STREET ADDRESS	5280 N.W. 7 St., Unit 501
CITY-ST-ZIP	Miami, FL 33126
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Isabel DeLara
STREET ADDRESS	2488 S.W. 19 Terr.
CITY-ST-ZIP	Miami, FL 33145
TITLE	Mike C. Gomez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	520 San Juan Dr.
STREET ADDRESS	Coral Gables, FL 33143
CITY-ST-ZIP	Director
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: <i>Madelaine Facio</i>	DATE: 2/21/00	DAYTIME PHONE: 305-554-0507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (9/99)