

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90144 015 ****61.25

43
06

DOCUMENT # 714837

1. Entity Name

GREATER MIAMI PROGRESS FOUNDATION, INC.

Principal Place of Business

Mailing Address

% GREATER MIAMI CHAMBER OF COMMERCE
 1601 BISCAYNE BLVD.
 MIAMI FL 33132

% GREATER MIAMI CHAMBER OF COMMERCE
 1601 BISCAYNE BLVD.
 MIAMI FL 33132

911936



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6216592

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CULLOM, WILLIAM
1601 BISCAYNE BLVD.
MIAMI FL 33132

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **AJAMIL, LUIS**
 CITY-ST-ZIP **2601 SOUTH BAYSHORE DR #1000**
MIAMI FL 33133

TITLE ☐ Change ☒ Addition
 NAME **Susan Potter-Norton**
 STREET ADDRESS **121 Majorca Avenue, 3rd Floor**
 CITY-ST-ZIP **Coral Gables, FL 33134-4509**

TITLE ☐ Delete
 NAME **DC**
 STREET ADDRESS **GOODE, R. RAY**
 CITY-ST-ZIP **3600 N.W. 82ND AVE**
MIAMI FL

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CULLOM, WILLIAM O.**
 CITY-ST-ZIP **1601 BISCAYNE BLVD.**
MIAMI FL

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FINE, MARTIN**
 CITY-ST-ZIP **701 BRICKELL AVENUE, #3000**
MIAMI FL

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PAUL, ROBERT**
 CITY-ST-ZIP **1401 BRICKELL AVE**
MIAMI FL 33131

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HOLZBERG, RHODELE D**
 CITY-ST-ZIP **1601 BISCAYNE BLVD**
MIAMI FL 33132

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:

Rhodele Dobkin Holzberg 1/19/01 305-32-7719
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)