

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90058 017 *****61.25

DOCUMENT # 714837

1. Entity Name

GREATER MIAMI PROGRESS FOUNDATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6216592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. 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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition
NAME **SUSAN POTTER NORTON**
STREET ADDRESS **121 MARJORCA AVE., 3RD FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33134-4508**

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

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

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **HOLZBERG, RHODELE D**
STREET ADDRESS **1601 BISCAYNE BLVD**
CITY-ST-ZIP **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 an order like empowered.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (4/03)