

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90021 032 ****61.25

DOCUMENT # 751011

1. Entity Name

CORAL GABLES CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

**50 ARAGON AVENUE
 CORAL GABLES FL 33134**

**50 ARAGON AVENUE
 CORAL GABLES FL 33134-5305**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0205525

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

**ROBINSON, RONALD W.
 50 ARAGON AVENUE
 CORAL GABLES FL 33134**

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	PD	<input type="checkbox"/> Delete
NAME	ROBINSON, RONALD W.	
STREET ADDRESS	50 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KURTZ, E BROOKS	
STREET ADDRESS	50 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SANTERIO, GERARDO	
STREET ADDRESS	50 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	COLBERT, CARL	
STREET ADDRESS	50 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
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"/> 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	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Chiappy	
STREET ADDRESS	50 Aragon Ave	
CITY-ST-ZIP	Coral Gables, FL	
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD W. ROBINSON 1/19/00

Date

305-446-1657

Daytime Phone #

CR2E037 (9/99)