

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90329 009 ****61.25

DOCUMENT # N00000002386



1. Entity Name
SWEETWATER AND WEST MIAMI-DADE CHAMBER OF COMMERCE, INC.

Principal Place of Business Mailing Address
C/O ROJAS, OLIVA & VENTURA C/O ROJAS, OLIVA & VENTURA
2250 SW 3RD AVE., 3RD FLOOR 2250 SW 3RD AVE., 3RD FLOOR
MIAMI FL 33129 MIAMI FL 33129

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 **65-1012660** Applied For
Not Applicable

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

VENTURA, RALPH
2250 SW 3RD AVE., 3RD FLOOR
MIAMI FL 33129

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 *Jose Chao*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/28/2003

FILE NOW: FEE IS \$61.25

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 NAME	D CHAO, JOSE	<input type="checkbox"/> Delete
STREET ADDRESS	2250 SW. 3RD ST., 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE NAME	D WONG, JOSE	<input type="checkbox"/> Delete
STREET ADDRESS	2250 SW. 3RD ST., 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE NAME	D TRUEBA, CALROS	<input type="checkbox"/> Delete
STREET ADDRESS	2250 SW. 3RD ST., 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE NAME	D VENTURA, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS	2250 SW. 3RD ST., 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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

CR2E037 (10/02)