

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90015 012 \*\*\*\*61.25

**DOCUMENT # N31337**

1. Entity Name

**MIAMI SPRINGS/AIRPORT AREA CHAMBER OF COMMERCE,**

Principal Place of Business

Mailing Address

166 HIALEAH DR  
 HIALEAH FL 33010  
 US

P O BOX 660150  
 MIAMI SPRINGS FL 33266-0150  
 US

**910139**



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

**65-0131977**

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

**HOLDEN, FRANK**  
**166 HIALEAH DR**  
**HIALEAH FL 33010**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEZYK, ROBERT</b>	
STREET ADDRESS	<b>297 POCATELLA ST.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOWEIN, SHERRYL B</b>	
STREET ADDRESS	<b>288 POCATELLA ST.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, POLLY</b>	
STREET ADDRESS	<b>560 NIGHTENGALE AVE.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CYNTHIA, PAUL</b>	
STREET ADDRESS	<b>265 LUDLAM DR</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSSON, TAPPY</b>	
STREET ADDRESS	<b>190 WESTWARD DR.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARTOLONE, ALDO</b>	
STREET ADDRESS	<b>1110 REDBIRD AVE.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBERT SCHMIDT</b>	
STREET ADDRESS	<b>1075 BASS POINT ROAD</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS, FL. 33166</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALDO BARTOLONE</b>	
STREET ADDRESS	<b>1110 REDBIRD AVE</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS, FL. 33166</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIZ BROESLER</b>	
STREET ADDRESS	<b>333 CORYDON DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
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:

*[Handwritten Signature]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #