

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-02-2001 90292 030 ****61.25

DOCUMENT # N31337

1. Entity Name

MIAMI SPRINGS/AIRPORT AREA CHAMBER OF COMMERCE.

Principal Place of Business

166 HIALEAH DR
HIALEAH FL 33010
US

Mailing Address

P O BOX 660150
MIAMI SPRINGS FL 33266
US

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 file 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 **D** Delete
NAME **MEZYK, ROBERT**
STREET ADDRESS **297 POCATELLA ST.**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **PRESIDENT** Change Addition
NAME **SUZANNE CONLON WOLAR**
STREET ADDRESS **400 SWALLOW DR**
CITY-ST-ZIP **MIAMI SPRINGS FL. 33166**

TITLE **D** Delete
NAME **SCHMIDT, ALBERT**
STREET ADDRESS **1075 BASS POINT RD**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **VP.** Change Addition
NAME **AL ACORD**
STREET ADDRESS **P.O. BOX 520782**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE **D** Delete
NAME **THOMPSON, POLLY**
STREET ADDRESS **580 NIGHTENGALE AVE.**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **S** Change Addition
NAME **TRISHA MOLINA**
STREET ADDRESS **5125 NW 36 ST**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **D** Delete
NAME **BARTOLONE, ALDO**
STREET ADDRESS **1110 REDBIRD AVE**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **T** Change Addition
NAME **SHERRYL B BOWEIN**
STREET ADDRESS **288 POCATELLA ST**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE **D** Delete
NAME **ROSSON, TAPPY**
STREET ADDRESS **190 WESTWARD DR.**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **BARTOLONE, ALDO**
STREET ADDRESS **1110 REDBIRD AVE.**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

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)(f), 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 of Sherryl B Bowein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRYL B BOWEIN TREASURER

1/26/2001 305 883 0883
Date Daytime Phone #

CR2E037 (10/00)