

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90189 030 \*\*\*\*61.25

**DOCUMENT # N31337**

1. Entity Name

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

Principal Place of Business

Mailing Address

166 HIALEAH DR  
 HIALEAH FL 33010  
 US

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

Zip

Country

Zip

Country

4. FEI Number **65-0131977**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME	<b>P</b> <b>WOLAR, SUZANNE C</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>400 SWALLOW DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE NAME	<b>P</b> <b>ACORD, AL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>POST OFFICE BOX 520782</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE NAME	<b>S</b> <b>MOLINA, TRISHA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>5125 NORTH WEST 36 STREET</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE NAME	<b>T</b> <b>BOWEIN, SHERRYL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>288 POCATELLA STREET</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE NAME	<b>D</b> <b>ROSSON, TAPPY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>190 WESTWARD DR.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE NAME	<b>D</b> <b>BARTOLONE, ALDO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1110 REDBIRD AVE.</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	

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: *Sherryl B. Bowein* *1/18/2002* *305-883-3333*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)