

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90569 013 \*\*\*\*61.25

**DOCUMENT # N31337**



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

Principal Place of Business  
**166 HIALEAH DR  
HIALEAH FL 33010  
US**

Mailing Address  
**P O BOX 660150  
MIAMI SPRINGS FL 33266  
US**

**45006787**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VICE PRESIDENT</b> <b>MABETTY ARAQUE</b> <b>46 CURTISS PARKWAY</b> <b>MIAMI SPRINGS FL 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>SECRETARY</b> <b>KAREN JONES</b> <b>151 WESTWARD DRIVE</b> <b>MIAMI SPRINGS FL 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **SHERRYL B BOWEIN 1/17/2003 305-883-3333**

CR2E037 (10/02)