

2001 UNIFORM BUSINESS REPORT (UBR)

2/6

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-06-2001 90250 048 ****61.25

DOCUMENT # N95000000888

1. Entity Name

COALITION OF DADE COUNTY CHAMBERS OF COMMERCE, I

Principal Place of Business

C/O MIAMI BEACH CHAMBER OF COMMERCE
 1920 MERIDIAN AVENUE
 MIAMI BEACH FL 33139
 US

Mailing Address

C/O MIAMI BEACH CHAMBER OF COMMERCE
 1920 MERIDIAN AVENUE
 MIAMI BEACH FL 33139
 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

65-0598802

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

SINGER, BRUCE M.
1920 MERIDIAN AVE
MIAMI BEACH FL 33139

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~DBS~~ Delete
 NAME **SCHWARTZ, GERALD K**
 STREET ADDRESS **1920 MERIDIAN AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **Chairman D** Change Addition
 NAME **1111 Lincoln Rd, Suite 800**
 STREET ADDRESS **MB, FL 33139**
 CITY-ST-ZIP

TITLE **DPC** Delete
 NAME **HOLLOWAY, WILBERT T**
 STREET ADDRESS **150 W. FLAGLER ST. #1820**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE **Chairman-elect D** Change Addition
 NAME **Tanny Cuson**
 STREET ADDRESS **18350 NW 2nd Ave**
 CITY-ST-ZIP **Suite 600 Miami, FL 33169**

TITLE **D** Delete
 NAME **SINGER, BRUCE**
 STREET ADDRESS **1920 MERIDIAN AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~DB D~~ Delete
 NAME **MASSON, DONNA**
 STREET ADDRESS **6410 S.W. 80TH ST.**
 CITY-ST-ZIP **S. MIAMI FL 33143**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** Delete
 NAME **LILLIAN LOPEZ**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director D** Change Addition
 NAME **LILLIAN LOPEZ**
 STREET ADDRESS **1111 Lincoln Road**
 CITY-ST-ZIP **Miami Beach, Fla 33139**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)