


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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90958 029 \*\*\*\*61.25

**DOCUMENT # N98000003966**

1. Entity Name  
**NORTH MIAMI BEACH CHAMBER OF COMMERCE, INC.**



Principal Place of Business  
**1870 NE 171 STREET  
N MIAMI BEACH FL 33162**

Mailing Address  
**1870 NE 171 STREET  
N MIAMI BEACH FL 33162**


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

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

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0794687** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MANSDORF, ABRAHAM B  
17971 BISCAYNE BLVD #211  
AVENTURA FL 33160**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ 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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TEMPLER, PAUL</b>	
STREET ADDRESS	<b>740 NE 182 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MARCUS, STAN</b>	
STREET ADDRESS	<b>800 NE 199 ST D205</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ADGER, ELLIS</b>	
STREET ADDRESS	<b>9250 W FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARCUS, STAN</b>	
STREET ADDRESS	<b>800 NE 199 ST D205</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SNYDER, MICHAEL</b>	
STREET ADDRESS	<b>20803 BISE BLVD #200</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHERNOFF, JAY</b>	
STREET ADDRESS	<b>2875 NE 191 ST</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33180</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/10/03 9054448500*

CR2E037 (10/02)