

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770906

1. Entity Name

FRENCH AMERICAN CHAMBER OF COMMERCE OF MIAMI/FT.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90050 013 \*\*\*\*61.25

Principal Place of Business THE BILTMORE HOTEL EXECUTIVE OFFICE CENTER 1200 ANASTASIA AVE., STE. 280 CORAL GABLES FL 33134	Mailing Address THE BILTMORE HOTEL EXECUTIVE OFFICE CENTER 1200 ANASTASIA AVE., STE. 280 CORAL GABLES FL 33134-6340
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2354035</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>EDELSTEIN, STEVEN A ESQ</b> <b>%BILTMORE HOTEL EXEC. OFFICE CENTER</b> <b>1200 ANASTASIA AVENUE, SUITE 300</b> <b>CORAL GABLES FL 33134</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATAILLET, MICHELLE	NAME	
STREET ADDRESS	12801 S W 68TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	
TITLE	EVD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOURVENNEC, MICHEL	NAME	
STREET ADDRESS	3225 AVIATION AVENUE - 4TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSTEIN, STEVEN A	NAME	
STREET ADDRESS	1200 ANASTASIA AVENUE, SUITE #300	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODBIDGE, FREDERICK ESQ	NAME	
STREET ADDRESS	100 N. BISCAYNE BLVD., 21ST FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132-2306	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCASTER, KENNETH	NAME	
STREET ADDRESS	50 WEST MASHTA DR., STE. 6	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Kenneth M. Lancaster*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X2-73-80305-361-1014*  
 Date Daytime Phone #

CR2E037 (9/99)