

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731069

1. Entity Name

THE MIAMI-DADE CHAMBER OF COMMERCE, INC.

Principal Place of Business

9190 BISCAYNE BLVD STE 201
MIAMI FL 33138

Mailing Address

9190 BISCAYNE BLVD STE 201
MIAMI FL 33138-3224

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6560023

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, DOROTHY R.
9190 BISCAYNE BLVD
MIAMI FL 33138

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.

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

TITLE CD
NAME BERHANE, BENNET
STREET ADDRESS 9250 W. FLAGLER STREET
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE VD
NAME BROOKS, JESSE
STREET ADDRESS 1550 MADRUGA AVE #317
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE SD
NAME PARKER, MERVIS
STREET ADDRESS 1490 NW 3RD AVE. - #112A
CITY-ST-ZIP MIAMI FL 33136 ☐ Delete

TITLE TD
NAME FISHER, MARION
STREET ADDRESS 3201 NW 7ND AVE
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE PM
NAME BAKER, DOROTHY
STREET ADDRESS 9190 BISCAYNE BLVD S 201
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)