

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000458

1. Entity Name

ALLAPATTAH CHAMBER OF COMMERCE, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90083 015 ****61.25

Principal Place of Business

Mailing Address

2513 N.W. 20TH ST.
MIAMI FL 33142

2513 N.W. 20TH ST.
MIAMI FL 33142-7103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0514793

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

CABEZAS, RAFAEL
2513 N.W.20TH ST.
MIAMI FL 33142

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 ☐ Delete
NAME D
STREET ADDRESS GUEITSS, CARLOS A
CITY-ST-ZIP 2015 NW 20 ST
MIAMI FL 33142

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS GONZALEZ, ANGEL
CITY-ST-ZIP 2515 NW 20 STREET
MIAMI FL

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

TITLE ☐ Delete
NAME VC
STREET ADDRESS VALDEZ, RUBEN
CITY-ST-ZIP 2015 NW 20 STREET
MIAMI FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS FERNANDEZ, SERGIO
CITY-ST-ZIP 2207 NW 23RD AVE.
MIAMI FL 33142

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

TITLE ☐ Delete
NAME D
STREET ADDRESS NOVO, GUILLERMO
CITY-ST-ZIP 2515 N.W. 20TH ST.
MIAMI-FL 33142

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GONZALEZ, ANTONIO
CITY-ST-ZIP 2102 NW 17TH # D-308
MIAMI FL

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: *Angel Gonzalez* **ANGEL GONZALEZ** 4/27/00 305-631-3561
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)