

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90073 033 ****70.00

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DOCUMENT # N28771

1. Entity Name

CAMARA DE COMERCIO LATINA DE MIAMI BEACH, INC.

Principal Place of Business

235 LINCOLN RD
 216
 MIAMI BEACH FL 33139
 US

Mailing Address

235 LINCOLN RD
 216
 MIAMI BEACH FL 33139
 US

2. Principal Place of Business

1620 Drexel Ave
 Suite, Apt. #, etc.
 2nd Floor

City & State
 Miami Beach, FL

Zip
 33139 Country

3. Mailing Address

1620 Drexel Ave
 Suite, Apt. #, etc.
 2nd Floor

City & State
 Miami Beach, FL

Zip
 33139 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0288999

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CALVANI, GRACE
 235 LINCOLN RD
 216
 MIAMI BEACH FL 33139

Change address

7. Name and Address of New Registered Agent

Name
 GRACE CALVANI
 Street Address (P.O. Box Number is Not Acceptable)
 1620 Drexel Ave, 2nd Floor
 City
 Miami Beach FL Zip Code
 33139

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

Grace Calvani GRACE CALVANI

2/8/2001

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 NAME STREET ADDRESS CITY-ST-ZIP	PEM HERNANDEZ, LUIS 1452 WASHINGTON AVE. MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUQUE, JORGE D 5645 SW 87ST MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIL, SALLIE ANN 777 BRICKELL AVE MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAMETO, EVA 501 41 ST MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARSAVSKI, MANUEL 235 LINCOLN RD MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEER, ALLAN 1228 WEST AVE #1408 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Gongora President 1620 Drexel Ave, 2nd Fl., H.B. FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maria Fernandez Director 1620 Drexel Ave, 2nd Fl., H.B. FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Director Maria Diaz 1620 Drexel Ave, 2nd Fl., H.B. FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Director Julio Moreno, Jr 1620 Drexel Ave, 2nd Fl., H.B. FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Grace Calvani GRACE CALVANI

2/8/2001

(305) 674-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)