

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731069

1. Entity Name

THE MIAMI-DADE CHAMBER OF COMMERCE, INC.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90161 012 \*\*\*\*\*70.00

0004J003



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9190 BISCAYNE BLVD STE 201  
MIAMI FL 33138

Mailing Address

9190 BISCAYNE BLVD STE 201  
MIAMI FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6560023

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAKER, DOROTHY R.  
9190 BISCAYNE BLVD  
MIAMI FL 33138

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

TITLE CD ☒ Change ☐ Addition  
NAME JESSE BROOKS, III  
STREET ADDRESS 6701 SUNSET DRIVE, SUITE 112  
CITY-ST-ZIP SOUTH MIAMI, FLORIDA 33143

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

TITLE VD ☒ Change ☐ Addition  
NAME MARION FISHER  
STREET ADDRESS 3201 NW 72ND AVENUE  
CITY-ST-ZIP MIAMI, FLORIDA 33122

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

TITLE SD ☒ Change ☐ Addition  
NAME DAVIDA NELUMS  
STREET ADDRESS 17777 OLD CUTLER ROAD  
CITY-ST-ZIP MIAMI, FLORIDA 33157

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

TITLE TD ☒ Change ☐ Addition  
NAME LLOYD SPECK  
STREET ADDRESS 19501 N.E. 10TH AVENUE  
CITY-ST-ZIP MIAMI, FLORIDA 33179

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Dorothy R. Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy R. Baker 4-24-01

(305) 751-8648

Date

Daytime Phone #

CR2E037 (10/00)