

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90012 018 ****61.25

DOCUMENT # <u>N00797</u>				1. Entity Name	
WOMEN'S CHAMBER OF COMMERCE OF MIAMI-DADE CO Principal Place of Business Mailing Address 1825 PONCE DELEON BLVD 1825 PONCE DELEON BLVD SUITE 200 SUITE 200 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134					
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2371670	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TERRI KAMEN-SCHULNER 1125 GINGER CIRCLE WESTON, FL 33326			Name CARMEN ELIAS-LEVENSON Street Address (P.O. Box Number is Not Acceptable) ONE SOUTHEAST THIRD AVENUE TENTH FLOOR City MIAMI FL Zip Code 33131		
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 <i>Carmen Elias-Levenson</i> Signature, typed or printed name of registered agent and title if applicable.			CARMEN ELIAS-LEVENSON, TREASURER 5/30/2001 (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT TERRI KAMEN-SCHULNER 1125 GINGER CIRCLE WESTON, FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ANNETTE TADDEO 6460 SW 133rd. DRIVE PINCREST, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY VICKIE POIRIER 5761 BIRD ROAD, SUITE A MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT-ELECT CARLA HARRIS 169 E. FLAGLER ST, SUITE 1435 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER CARMEN ELIAS-LEVENSON ONE SE THIRD AVE, TENTH FL MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY KAREN PFEFFER 1522 SAN IGNACIO AVENUE CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEE ATTACHED LIST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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, changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Carmen Elias-Levenson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			CARMEN ELIAS-LEVENSON 5/30/01 305-377-4228 Date Daytime Phone #		