

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90007 001 ****61.25

DOCUMENT # N00797

1. Entity Name

WOMEN'S CHAMBER OF COMMERCE OF MIAMI-DADE COUNTY, INC.

Principal Place of Business

Mailing Address

1825 PONCE DE LEON BLVD
 SUITE 200
 CORAL GABLES FL 33134
 US

1825 PONCE DE LEON BLVD
 SUITE 200
 CORAL GABLES FL 33134
 US

2. Principal Place of Business

3. Mailing Address

Plaza 51-225
 Suite, Apt. #, etc.
 444 Brickell Avenue
 City & State
 Miami, FL

Plaza 51-225
 Suite, Apt. #, etc.
 444 Brickell Avenue
 City & State
 Miami, FL

Zip Country
 33131 Miami Dade

Zip Country
 33131 Miami Dade

4. FEI Number **59-2371670**

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

ELIAS-LEVENSON, CARMEN
ONE SOUTH THIRD AVENUE
TENTH FLOOR
MIAMI FL 33131

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 **PD** ☐ Delete
 NAME **HARRIS, CARLA**
 STREET ADDRESS **169 E FLAGLER ST SUITE 1435**
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **PAST PRESIDENT** ☐ Delete
 NAME **TADDEU, ANNETTE**
 STREET ADDRESS **6480 SW 133RD DRIVE**
 CITY-ST-ZIP **PINECREST FL 33156**

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

TITLE **TD** ☐ Delete
 NAME **ELIAS-LEVENSON, CARMEN**
 STREET ADDRESS **ONE SE THIRD AVE TENTH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **SD** ☒ Delete
 NAME **PFEFFER, KAREN**
 STREET ADDRESS **1522 SAN IGNACIO AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **SECRETARY** ☐ Delete
 NAME **MANG, MARUTA S**
 STREET ADDRESS **2720 CORAL WAY**
 CITY-ST-ZIP **MIAMI FL 33145**

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

TITLE **D** ☒ Delete
 NAME **STEINACHER, ANDREA**
 STREET ADDRESS **701 BRICKELL AVE., #1500**
 CITY-ST-ZIP **MIAMI FL 33131**

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:

Carmen Elias-Levenson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2002
 DATE

305-377-4288
 TELEPHONE #

CR2E037 (9/01)