

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28771

1. Entity Name

CAMARA DE COMERCIO LATINA DE MIAMI BEACH, INC.

**FILED**  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90318 040 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1620 DREXEL AVE  
2ND FLOOR  
MIAMI BEACH FL 33139  
US

1620 DREXEL AVE  
2ND FLOOR  
MIAMI BEACH FL 33139  
US

010100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0288999

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

CALVANI, GRACE  
1620 DREXEL AVE 2ND FLOOR  
MIAMI BEACH FL 33139

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 NAME ☒ Delete  
PEM  
HERNANDEZ, LUIS  
STREET ADDRESS 1452 WASHINGTON AVE.  
CITY-ST-ZIP MIAMI BEACH FL

TITLE NAME ☐ Change ☒ Addition  
Ex  
Calvani, Grace  
STREET ADDRESS 1620 Drexel Avenue, 2nd Floor  
CITY-ST-ZIP Miami Beach, FL 33139

TITLE NAME ☐ Delete  
PD  
GONGORA, MICHAEL  
STREET ADDRESS 1620 DREXEL AVE 2ND FL  
CITY-ST-ZIP MIAMI FL 33139

TITLE NAME ☐ Change ☐ Addition  
DV  
Marvil, Sallie ANN  
STREET ADDRESS 1620 Drexel Avenue, 2nd Floor  
CITY-ST-ZIP MIAMI Beach, FL 33139

TITLE NAME ☐ Delete  
D  
MARUIL, SALLIE ANN  
STREET ADDRESS 777 BRICKELL AVE  
CITY-ST-ZIP MIAMI FL 33131

TITLE NAME ☒ Change ☐ Addition  
VS  
Chuz, Vilma  
STREET ADDRESS 1620 Drexel Avenue, 2nd Floor  
CITY-ST-ZIP MIAMI Beach, FL 33139

TITLE NAME ☒ Delete  
D  
FERNANDEZ, MARIA  
STREET ADDRESS 1620 DREXEL AVE 2ND FLOOR  
CITY-ST-ZIP MIAMI FL 33139

TITLE NAME ☒ Change ☐ Addition  
DS  
Warszawski, Manny  
STREET ADDRESS 1620 Drexel Avenue, 2nd Floor  
CITY-ST-ZIP MIAMI Beach, FL 33139

TITLE NAME ☐ Delete  
TD  
WARSAVSKI, MANUEL  
STREET ADDRESS 235 LINCOLN RD  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE NAME ☒ Change ☐ Addition  
DT  
Drez, Maria  
STREET ADDRESS 1620 Drexel Avenue, 2nd Floor  
CITY-ST-ZIP MIAMI Beach, FL 33139

TITLE NAME ☒ Delete  
D  
KLEER, ALLAN  
STREET ADDRESS 1228 WEST AVE #1408  
CITY-ST-ZIP MIAMI BEACH FL 33139

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 2002 (305)674-1414

CR2E037 (9/01)