

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90360 035 \*\*\*\*61.25

**DOCUMENT # 751011**

1. Entity Name

**CORAL GABLES CHAMBER OF COMMERCE, INC.**

Principal Place of Business

Mailing Address

**50 ARAGON AVENUE  
 CORAL GABLES FL 33134**

**50 ARAGON AVENUE  
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

**2333 Ponce de Leon Blvd. 2333 Ponce de Leon Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#650**

**#650**

City & State

City & State

**Coral Gables, FL**

**Coral Gables, FL**

4. FEI Number

**59-0205525**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33134**

**Miami-Dade**

**33134**

**Miami-Dade**

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

**ROBINSON, RONALD W.  
 50 ARAGON AVENUE  
 CORAL GABLES FL 33134**

Name **Ronald W. Robison**

Street Address (P.O. Box Number is Not Acceptable)

**2333 Ponce de Leon Blvd #650**

City **Coral Gables**

**FL**

Zip Code **33134**

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 **ROBINSON, RONALD W.**  
 STREET ADDRESS **50 ARAGON AVENUE**  
 CITY-ST-ZIP **CORAL GABLES, FL 00000**

TITLE ☒ Change ☐ Addition  
 NAME **2333 Ponce de Leon Blvd #650**  
 STREET ADDRESS **Coral Gables FL 33134**  
 CITY-ST-ZIP

TITLE **CD** ☐ Delete  
 NAME **ZOLLER, CHRISTOPHER**  
 STREET ADDRESS **50 ARAGON AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition  
 NAME **2333 Ponce de Leon Blvd #650**  
 STREET ADDRESS **Coral Gables FL 33134**  
 CITY-ST-ZIP

TITLE **CD** ☐ Delete  
 NAME **COLBERT, CARL**  
 STREET ADDRESS **50 ARAGON AVENUE**  
 CITY-ST-ZIP **CORAL GABLES, FL 00000**

TITLE ☒ Change ☐ Addition  
 NAME **2333 Ponce de Leon Blvd #650**  
 STREET ADDRESS **Coral Gables, FL 33134**  
 CITY-ST-ZIP

TITLE **CD** ☐ Delete  
 NAME **CHIPPAL, LUIS**  
 STREET ADDRESS **50 ARAGON AVE**  
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☒ Change ☐ Addition  
 NAME **2333 Ponce de Leon Blvd #650**  
 STREET ADDRESS **Coral Gables, FL 33134**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)