

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91593 004 ****70.00

DOCUMENT # 731069

1. Entity Name

THE MIAMI-DADE CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

**9190 BISCAYNE BLVD STE 201
MIAMI FL 33138**

**9190 BISCAYNE BLVD STE 201
MIAMI FL 33138**

00082795



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

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
NAME **TD**
STREET ADDRESS **SPECK, LLOYD**
CITY-ST-ZIP **19501 NE 10TH AVENUE
MIAMI FL 33179** ☒ Delete

TITLE
NAME **TD**
STREET ADDRESS **CARLOS B. PARGAS**
CITY-ST-ZIP **7700 N. KENDALL DRIVE, STE. 515
MIAMI, FL 33156** ☒ Change ☐ Addition

TITLE
NAME **CD**
STREET ADDRESS **BROOKS, JESSE**
CITY-ST-ZIP **6701 SUNSET DRIVE, SUITE 112
SOUTH MIAMI FL 33143** ☐ Delete

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

TITLE
NAME **SD**
STREET ADDRESS **NELUMS, DAVIDA**
CITY-ST-ZIP **17777 OLD CULTER ROAD
MIAMI FL 33157** ☒ Delete

TITLE
NAME **SD**
STREET ADDRESS **DANIEL FILS-AIME**
CITY-ST-ZIP **8340 N.E. 2ND AVENUE, STE. 222
MIAMI, FL 33138** ☒ Change ☐ Addition

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

TITLE
NAME **VD**
STREET ADDRESS **ALVIN WEST**
CITY-ST-ZIP **701 BRICKELL AVENUE
MIAMI, FL 33131** ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorothy R. Baker
SIGNATURE REQUIRED

4-19-02

(305) 751-8648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E037 (9/01)