AMENDED

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 26 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009222165
11/26/02--01035--003 **61.25

DOCUMENT # 751011

1. Entity Name
CORAL GABLES CHAMBER OF COMMERCE

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
360 GRECO AVENUE	P.O. BOX 347555
Suite, Apt. #, etc.: #100	Suite, Apt. #, etc.:
City & State: CORAL GABLES, FLORIDA	City & State: CORAL GABLES, FLORIDA
Zip: 33146 Country: USA	Zip: 33234 Country: USA

4. FEI Number: 59-0205525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LETTIE J. BIEN

Street Address (P.O. Box Number is Not Acceptable): 360 GRECO AVENUE, SUITE #100

City: CORAL GABLES FL Zip Code: 33146

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: _____ 20 Nov 02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LETTIE J. BIEN 360 GRECO AVENUE, SUITE 100 CORAL GABLES, FLORIDA 33146	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BOB SHAFER 360 GRECO AVENUE, SUITE 100 CORAL GABLES, FLORIDA 33146	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD JOE BURKE 360 GRECO AVENUE, SUITE 100 CORAL GABLES, FLORIDA 33146	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD NEIL LINDEN 360 GRECO AVENUE, SUITE 100 CORAL GABLES, FLORIDA 33146	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Lettie J. Bien 20 Nov 2002 305.446.1657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #