

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90035 001 \*\*\*\*70.00

DOCUMENT # N28771

1. Entity Name  
**CAMARA DE COMERCIO LATINA DE MIAMI BEACH, INC.**



Principal Place of Business

**1620 DREXEL AVE  
2ND FLOOR  
MIAMI BEACH FL 33139  
US**

Mailing Address

**1620 DREXEL AVE  
2ND FLOOR  
MIAMI BEACH FL 33139  
US**

**30003400**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**1620 Drexel Ave**

Suite, Apt. #, etc.

3. Mailing Address

**1620 Drexel Ave**

Suite, Apt. #, etc.

City & State

**MIAMI BEACH, FL**

City & State

**MIAMI BEACH, FL**

4. FEI Number **65-0288999**

Applied For

Not Applicable

Zip  
**33139**

Country

**U.S.A**

Zip  
**33139**

Country

**U.S.A**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Grace Calvani* **Grace Calvani, Executive Director** **1/14/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	EX	<input type="checkbox"/> Delete
NAME	CALVANI, GRACE	
STREET ADDRESS	1620 DREXEL AVENUE 2ND FLOOR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GONGORA, MICHAEL	
STREET ADDRESS	1620 DREXEL AVE 2ND FL	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MARUIL, SALLIE ANN	
STREET ADDRESS	1620 DREXEL AVENUE 2ND FLOOR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	CHIUZ, VILMA	
STREET ADDRESS	1620 DREXEL AVE 2ND FLOOR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WARSEAVSKI, MANNY	
STREET ADDRESS	235 LINCOLN RD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DIEZ, MARIA	
STREET ADDRESS	1620 DREXEL AVENUE 2ND FLOOR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA DIEZ	
STREET ADDRESS	1620 Drexel AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNY Warszawski	
STREET ADDRESS	1620 Drexel AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandy ortiz	
STREET ADDRESS	1620 Drexel AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane Ginart	
STREET ADDRESS	1620 Drexel AVE	
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* **Grace Calvani, Executive Director** **1/14/02** **(305) 674-1414**

CR2E037 (10/02)