

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90160 033 ****61.25

DOCUMENT # 770906

1. Entity Name

**FRENCH AMERICAN CHAMBER OF COMMERCE OF MIAMI/FT.
LAUDERDALE, INC.**



Principal Place of Business

Mailing Address

**THE BILTMORE HOTEL EXEC OFFICE CENTER
1200 ANASTASIA AVE., STE. 280
CORAL GABLES FL 33134**

**THE BILTMORE HOTEL EXEC OFFICE CENTER
1200 ANASTASIA AVE., STE. 280
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2354035**

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

**EDELSTEIN, STEVEN A ESQ
%BILTMORE HOTEL EXEC. OFFICE CENTER
1200 ANASTASIA AVENUE, SUITE 300
CORAL GABLES FL 33134**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MATAILLET, MICHELLE**
STREET ADDRESS **12801 S W 68TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **PD** ☐ Change ☒ Addition
NAME **Caffin, Jean- Michael**
STREET ADDRESS **West Side PLAZA # 3 8200 NW 33ST**
CITY-ST-ZIP **Ste. 300 Miami, FL 33122**

TITLE **VD** ☒ Delete
NAME **EDELSTEIN, STEVEN A**
STREET ADDRESS **1200 ANASTASIA AVENUE, SUITE #300**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VD** ☐ Change ☒ Addition
NAME **Ocampo, Angela**
STREET ADDRESS **634 Crandon Blvd**
CITY-ST-ZIP **Key Biscayne, Fl 33149**

TITLE **SD** ☐ Delete
NAME **WOODBIDGE, FREDERICK ESQ**
STREET ADDRESS **100 N. BISCAYNE BLVD., 21ST FLOOR**
CITY-ST-ZIP **MIAMI FL 33132-2306**

TITLE **TD** ☐ Change ☒ Addition
NAME **Choukroun, Didier**
STREET ADDRESS **Twos Biscayne Blvd 2630**
CITY-ST-ZIP **Miami Fl 33131**

TITLE **TD** ☒ Delete
NAME **LANCASTER, KENNETH**
STREET ADDRESS **50 WEST MASHTA DR., STE. 6**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **VD** ☐ Change ☒ Addition
NAME **Surville, Hubert**
STREET ADDRESS **1190 Biscayne Blvd # 600**
CITY-ST-ZIP **Miami FL 33181**

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 REQUIRED

30 April 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

0024101