## 2019  FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770906

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

**Current Principal  Place of Business:**

100 N BISCAYNE BLVD
 SUITE 1105
MIAMI,  FL  33132

**Current Mailing Address:**

990 BISCAYNE BLVD
 OFFICE 701
MIAMI,  FL  33132  US

**FEI Number: 59-2354035**

**Certificate of Status Desired:**  No

**Name and Address of Current Registered Agent:**

FIDUCIAL JADE INC
990 BISCAYNE BLVD
 OFFICE 701
MIAMI, FL  33132  US

*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:   OLIVIER SUREAU                                                       04/26/2019

Electronic Signature of Registered Agent                                                 Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PD | Title | VP |
| Name | OUELHADJ, ALAIN | Name | BONA, PATRICIA |
| Address | 100 N BISCAYNE BLVD SUITE 1105 | Address | 100 N BISCAYNE BLVD SUITE 1105 |
| City-State-Zip: | MIAMI  FL  33132 | City-State-Zip: | MIAMI  FL  33132 |
| Title | SD | Title | TD |
| Name | WOODBRIDGE, FREDERICK | Name | SUREAU, OLIVIER |
| Address | 701 BRICKELL AVENUE, STE 1650 | Address | 990 BISCAYNE BLVD  OFFICE 701 |
| City-State-Zip: | MIAMI  FL  33131 | City-State-Zip: | MIAMI  FL  33132 |
| Title | VP | Title | VP |
| Name | POILLEUX, CHRISTOPHE | Name | SURVILLE, HUBERT |
| Address | 100 N BISCAYNE BLVD  1105 | Address | 100 N BISCAYNE BLVD  1105 |
| City-State-Zip: | MIAMI  FL  33132 | City-State-Zip: | MIAMI  FL  33132 |
| Title | CHAIRMAN | | |
| Name | BIRNBERG, GARY | | |
| Address | 100 N BISCAYNE BLVD  1105 | | |
| City-State-Zip: | MIAMI  FL  33132 | | |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: OLIVIER SUREAU                          TREASURER                      04/26/2019

Electronic Signature of Signing Officer/Director Detail                                       Date