

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704866

1. Entity Name

THE MIAMI COUNCIL FOR INTERNATIONAL VISITORS, IN

Principal Place of Business

300 NE 2ND AVE
ROOM 1412
MIAMI FL 33132
US

Mailing Address

300 NE 2ND AVE
ROOM 1602
MIAMI FL 33136
US

2. Principal Place of Business

1740 CORAL WAY

Suite, Apt. #, etc.

3. Mailing Address

1740 CORAL WAY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-6153212

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33145

Country

USA

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

6. Name and Address of Current Registered Agent

ROVIN, GARY B
9350 S. DIXIE HWY., PH-2
MIAMI FL 33156

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.

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
After September 12, 2001, min. will be \$236.25

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

TITLE ☐ Delete

P
O'NEILL, ROSA
7581 S.W. 159 PLACE
MIAMI FL

TITLE ☐ Delete

V
SARKA, RICHARD
12305 SW 255TH TERR
MIAMI FL

TITLE ☐ Delete

PP
MILLER, ALEXANDER
255 GALEN DRIVE
KEY BISCAYNE FL

TITLE ☐ Delete

SD
WOODBIDGE, YOLANDA
8700 S.W. 133 AVE., RD. #419
MIAMI FL 33183

TITLE ☐ Delete

TD
CASTAGNE, MARIA
55 S W 31ST RD
MIAMI FL

TITLE ☐ Delete

TD
NICHOLS, CHARLIE
8100 S W 151ST ST
MIAMI FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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 of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-01 305-251-7087
Date Daytime Phone #

CR2E037 (5/01)

07-26-2001 90006 008 *****612577
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FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA