NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 708907

1. Corporation Name

GREATER MIAMI CHAMBER OF COMMERCE, INC.

Principal Place of Business 1601 BISCAYNE BLVD

2. Principal Place of Business

Suite, Apt. #, etc.

MIAMI FL 33132

Mailing Address

Suite, Apt. #, etc.

26

FILED Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90014 031 ****61.25

1601 BISCAYNE BLVD MIAMI FL 33132	
2a. Mailing Address	3. Date Incorporated or Qualifed

05/06/1965

59-0358775

4. FEI Number

44)	·	Z.7													
City & State		28	City & State					5. Certifo	ate of S	tatus De	sired			5.75 A	dditional quired
Zip	Country		Country			6. Electio		aign Fin	_			5.00 t	•		
24	25	29		30				0. Name				Zenisterer			.,
	9. Name and Address of Current	t Registe	rea Agent		81	Name		O. Naille	allu Au		111000	108101010		*	
					"	Mairie									
CULLOM, WILLIAM O						Street A	Address (P.O. Box Number is Not Acceptable)								
1601 BISC	CAYNE BLVD														
MIAMI FL	33132				83									€.	
					84	City				······································			85	Zip C	ode
						'				٠		<u>, H</u>	<u> </u>		
11. Pursuant	to the provisions of Sections 617.0502	2 and 617	7.1508, Florida	Statutes, th	e above	-named c	orporat	tion submi	ts this s	tatement	for the	purpose o	of chang	ging its r	egistered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	nt Elocida	Such change	a was author	ized by	the coroor	ration s	board of c	girectors	5. 1 Heret.	y acce	or mic app	JIIIUIIG	it as reg	1310100
SIGNATURE			linobio	(NOTE: Dools	tered Acer	nt signature rec	autrod who	en reinstation			.	DATE			
12.	Signature, typed or printed name of registered agen OFFICERS AN				13.	Styriettire (90	ATHEU MIII			ANGES	TO OF	FICERS A	ND DI	RECTO	RS IN 12
TITLE	PD OFFICERS AN	O DIREC	∏ DEL		1.1 TITLE									Change	Addition
NAME	CULLOM, WILLIAM				1.2 NAME]						•		:	
	ACCA SIGOAVAIS DIVID					TADORESS									
STREET ADDRESS				1											
CITY-ST-ZIP	MIAMI, FL 00000 33132		□ DEL		1.4 CITY-S 2.1 TITLE	T-ZIP								Change	Addition
TITLE	CD							•					. – .		_
NAME	JOHNSON, BARRY				2.2 NAME					•					
STREET ADDRESS	1	10		1		TADDRESS					٠.		 ·-		,• •
CITY-ST-ZIP	MIAMI FL 33156				2. 4 CITY-S	ST-ZIP					,			13 PM 20	☐ Addition
TITLE	TD		☐ DEI		3.1 TITLE							-			
NAME	PRUITT, WILLIAM P				3.2 NAME										
STREET ADDRESS	1 BISCAYNE TOWER, STE 2100)		;	3.3 STREE	T ADDRESS									
CITY-ST-ZIP	MIAMI FL 33131				3.4. CITY-9	ST-ZIP						· ·			
TITLE	D		☐ DEI	LETE	4.1 TITLE								Ц	Change	Addition
NAME	HOLZBERG, RHODELE] -	4. 2 NAME	Ī			*				•		
STREET ADDRESS	1601 BISCAYNE BLVD			Į.	4.3 STREE	T ADDRESS							- /		
CITY-ST-ZIP	MIAMI FL 33132				4.4 CITY-S	T-ZIP				·					
TITLE			☐ DEL	LETE	5.1 TITLE		C							Change	Addition
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NAME					6.2 NAME								71		
STREET ADDRESS				I ∢	6.3 STREE	TADDRESS								•	
STREE LAUGRESS	d .														

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

365-350-7700

Applied For

Not Applicable