

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708907

1. Entity Name

GREATER MIAMI CHAMBER OF COMMERCE, INC.

Principal Place of Business

1601 BISCAYNE BLVD
MIAMI FL 33132

Mailing Address

1601 BISCAYNE BLVD
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0358775

Applied For

Not Applicable

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

CULLOM, WILLIAM O
1601 BISCAYNE BLVD
MIAMI FL 33132

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CULLOM, WILLIAM ☐ Delete
STREET ADDRESS 1601 BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 00000 33132

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD
NAME JOHNSON, BARRY ☐ Delete
STREET ADDRESS 9100 S DADELAND BLVD, #1410
CITY-ST-ZIP MIAMI FL 33156

TITLE CD ☒ Change ☐ Addition
NAME ORTIZ, RANIRO
STREET ADDRESS 777 BRICKELL AVE
CITY-ST-ZIP MIAMI, FL 33131

TITLE TD
NAME PRUITT, WILLIAM P ☐ Delete
STREET ADDRESS 1 BISCAYNE TOWER, STE 2100
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HOLZBERG, RHODELE ☐ Delete
STREET ADDRESS 1601 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33132

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C
NAME MALINA, JAY ☒ Delete
STREET ADDRESS 6055 NW 82ND AVE
CITY-ST-ZIP MIAMI FL 33166

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90081 044 ****61.25



DO NOT WRITE IN THIS SPACE