2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 709105

1. Entity Name
GREATER MIAMI & THE BEACHES HOTEL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
407 LINCOLN ROAD SUITE 10 G MIAMI BEACH, FL 33139 US	407 LINCOLN ROAD SUITE 10 G MIAMI BEACH, FL 33139 US

01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-0272095

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLUMBERG, STUART L
407 LINCOLN ROAD
SUITE 10 G
MIAMI BEACH, FL 33139

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$6.00** May Be Added to Fees

U00000006764
01/16/04-80046-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ROMERO, JUAN
STREET ADDRESS	407 LINCOLN RD , STE 10-G
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VCD
NAME	HINES, CHARLIE
STREET ADDRESS	407 LINCOLN RD., STE 10-G
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VCD
NAME	HARVEY, LINDA
STREET ADDRESS	407 LINCOLN RD STE 10G
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	T
NAME	NOSTRAND, STEPHEN
STREET ADDRESS	407 LINCOLN RD STE 10G
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	S
NAME	CANTON, SPERO
STREET ADDRESS	407 LINCOLN RD. STE 10G
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
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: _____ STUART L. BLUMBERG 1-14-04 305-531-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #