

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90031 012 ****61.25

DOCUMENT # 711539

1. Entity Name

GREATER MIAMI SHORES CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

9701 NE 2ND AVE.
 MIAMI SHORES FL 33138
 US

9701 NE 2ND AVE.
 MIAMI SHORES FL 33138

00099138

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

59-0822321

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

SOLI, LEWIS E.
9701 NE 2ND AVENUE
MIAMI SHORES FL 33138

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	D	<input type="checkbox"/> Delete
NAME	CACCAMISE, RICHARD	
STREET ADDRESS	TWO ALHAMBRA PLAZA PH-1	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANTON, SPERO	
STREET ADDRESS	150 W FLAGLER ST #1801	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WHITTAKER, KEN JR.	
STREET ADDRESS	1085 NE 125 ST #300	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOLLY, HERTA	
STREET ADDRESS	592 N 60TH AVE	
CITY-ST-ZIP	MIAMI FL 33137 2200	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCOY, JIM JR.	
STREET ADDRESS	9301 NE 6TH AVE- C307	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STORESBERRY, DOUGLAS	
STREET ADDRESS	9204 NE 6TH AVE-	
CITY-ST-ZIP	MIAMI SHORES FL 33138	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE JOHNSON CPA	
STREET ADDRESS	9165 PARK DR.	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 647, 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:

[Handwritten Signature]
 Lewis E. Soli
 4/22/2002

305-754-5466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)