


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90086 025 \*\*\*\*61.25

**DOCUMENT # 711539**

1. Entity Name  
**GREATER MIAMI SHORES CHAMBER OF COMMERCE, INC.**



Principal Place of Business      Mailing Address  
**9701 NE 2ND AVE.**      **9701 NE 2ND AVE.**  
**MIAMI SHORES FL 33138**      **MIAMI SHORES FL 33138**  
**US**

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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. 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)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CACCAMISE, RICHARD</b>	
STREET ADDRESS	<b>TWO ALHAMBRA PLAZA PH-1</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CANTON, SPERO</b>	
STREET ADDRESS	<b>150 W FLAGLER ST #1801</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHITTAKER, KEN JR.</b>	
STREET ADDRESS	<b>1065 NE 125 ST #300</b>	
CITY-ST-ZIP	<b>N. MIAMI FL 33161</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>JOYNSON, STEVE CPA</b>	
STREET ADDRESS	<b>9165 PARK DR</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL 33138</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MCCOY, JIM JR.</b>	
STREET ADDRESS	<b>9301 NE 6TH AVE- C307</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL 33138</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>STORESBERRY, DOUGLAS</b>	
STREET ADDRESS	<b>9204 NE 6TH AVE-</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL 33138</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2501 SW 145th AVE., Suite 200</b>	
STREET ADDRESS	<b>Maramar, FL 33027</b>	
CITY-ST-ZIP		
TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>David H. Walker</b>	
STREET ADDRESS	<b>2400 N. Commerce PKW, Suite 100</b>	
CITY-ST-ZIP	<b>Weston, FL 33326</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" 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 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: David H. Walker **DAVID H. WALKER** 4-7-03 877-287-5025

CR2E037 (10/02)