

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714837

1. Entity Name

GREATER MIAMI PROGRESS FOUNDATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90096 010 ****61.25

Principal Place of Business Mailing Address
% GREATER MIAMI CHAMBER OF COMMERCE % GREATER MIAMI CHAMBER OF COMMERCE
1601 BISCAYNE BLVD. 1601 BISCAYNE BLVD.
MIAMI FL 33132 MIAMI FL 33132-1224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6216592

Applied For

Not Applicable

Zip

Country

Zip

Country

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
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	D	<input type="checkbox"/> Delete
NAME	AJAMIL, LUIS	
STREET ADDRESS	2601 SOUTH BAYSHORE DR #1000	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DC	<input type="checkbox"/> Delete
NAME	GOODE, R. RAY	
STREET ADDRESS	3600 N.W. 82ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULLOM, WILLIAM O.	
STREET ADDRESS	1601 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINE, MARTIN	
STREET ADDRESS	701 BRICKELL AVENUE, #3000	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAUL, ROBERT	
STREET ADDRESS	1401 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLZBERG, RHODELE P.D.	
STREET ADDRESS	1601 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33132	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Potter Norton, Susan	
STREET ADDRESS	121 Majorca Avenue, 3rd Floor	
CITY-ST-ZIP	Coral Gables, FL 33134	
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		<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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holzberg, Rhodele D.	
STREET ADDRESS	1601 Biscayne Blvd.	
CITY-ST-ZIP	Miami, FL 33132	

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

2-23-00

305-350-7703

Date

Daytime Phone #

CR2E037 (9/99)