

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

0043229

DOCUMENT # 715140

1. Entity Name

NORTH DADE CHAMBER OF COMMERCE, INC.

04-11-2001 90009 032 ****61.25

Principal Place of Business

Mailing Address

18350 NW 2ND AVENUE
 P.O. BOX 69-3116
 MIAMI FL 33169
 US

18350 NW 2ND AVENUE
 P.O. BOX 69-3116
 MIAMI FL 33169
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1855726

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

CUSON, TERRY R
18350 NW 2ND AVE., SUITE 600
P.O. BOX 69-3116
MIAMI FL 33169

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.

R. TERRY CUSON, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

2/1/01

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 NAME	T BOYAR, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	18350 NW 2ND AVE STE 600	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE NAME	C CARR, JEANNETTE	<input type="checkbox"/> Delete
STREET ADDRESS	18350 NW 2ND AVE., STE 600	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE NAME	CD PLAYER, ALETHA	<input type="checkbox"/> Delete
STREET ADDRESS	18350 NW 2ND AVE., STE. 600	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE NAME	VCD HOLLOWAY, WILBERT T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	18350 NW 2ND AVE STE 600	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE NAME	P CUSON, TERRY R	<input type="checkbox"/> Delete
STREET ADDRESS	18350 NW 2ND AVE., STE. 600	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	VCD DONATH, JAAP PH.D.	<input type="checkbox"/> Delete
STREET ADDRESS	18350 NW 2ND AVE., STE. 600	
CITY-ST-ZIP	MIAMI FL 33-1698	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SECRETARY JOHNNIE FELTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	18350 NW 2ND AVE, STE 600	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

R. TERRY CUSON
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. TERRY CUSON

2/1/01

Date

305-690-9123

Daytime Phone #

CR2E037 (10/00)