


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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90035 022 ****61.25

DOCUMENT # 715140

1. Entity Name
NORTH DADE CHAMBER OF COMMERCE, INC.



Principal Place of Business Mailing Address

18350 NW 2ND AVENUE **18350 NW 2ND AVENUE**
P.O. BOX 69-3116 **P.O. BOX 69-3116**
MIAMI FL 33169 **MIAMI FL 33169**
US **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 **59-1855726** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

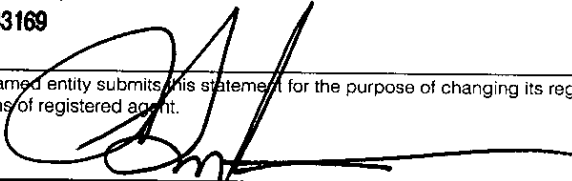
6. Name and Address of Current Registered Agent

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

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: 

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	LINDGREN, KEITH	18350 NW 2ND AVE STE 600	MIAMI FL 33169	<input type="checkbox"/>
	CARR, JEANNETTE	18350 NW 2ND AVE., STE 600	MIAMI FL 33169	<input type="checkbox"/>
	PLAYER, ALETHA	18350 NW 2ND AVE., STE. 600	MIAMI FL 33169	<input type="checkbox"/>
	PELTS, JOHNNIE	18350 NW 2ND AVE STE 600	MIAMI FL 33169	<input checked="" type="checkbox"/>
	CUSON, TERRY R	18350 NW 2ND AVE., STE. 600	MIAMI FL	<input type="checkbox"/>
	DONATH, JAAP PH.D.	18350 NW 2ND AVE., STE. 600	MIAMI FL 33-1698	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<i>Secretary</i>	<i>Olga Espinosa</i>	<i>18579 NW 27th Ave</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<i>MIAMI FL 33056</i>		

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 REQUIRED**

1/7/03 (305) 690-9123

CR2E037 (10/02)