2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 AM
Secretary of State

DOCUMENT# 725108

Entity Name: GREATER HOMESTEAD - FLORIDA CITY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

43 N. KROME AVE.
2ND FLOOR
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

43 N. KROME AVE
2ND FLOOR
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 59-0652495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINLAN, MARY A
43 N KROME AVENUE
HOMESTEAD, FL 33030

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	WELLER, THOMAS	
Address:	65 NW 16 STREET	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	D	( ) Delete
Name:	GOLD, COREY	
Address:	160 NW 13 STREET	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	TD	( ) Delete
Name:	LIPE, DANIEL	
Address:	28801 SW 157 AVENUE	
City-St-Zip:	HOMESTEAD, FL	
Title:	SD	( ) Delete
Name:	MCMILLAN, JANE	
Address:	TWO S BISCAYNE BLVD SUITE 1910	
City-St-Zip:	MIAMI, FL 33131	
Title:	D	( ) Delete
Name:	OLESON, KATY	
Address:	31850 SW 195 AVENUE	
City-St-Zip:	HOMESTEAD, FL 33033	
Title:	D	( ) Delete
Name:	FINLAN, MARY A	
Address:	43 N KROME AVENUE	
City-St-Zip:	HOMESTEAD, FL 33030	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	LAVENE, KATRINA	
Address:	437 N KROME AVENUE	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	D	(X) Change ( ) Addition
Name:	FIALLOS, IGNACIO	
Address:	70 NE 3 STREET	
City-St-Zip:	FLORIDA CITY, FL 33034	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IGNACIO FIALLOS D 01/17/2002

Electronic Signature of Signing Officer or Director — Date