

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90543 005 ****61.25

DOCUMENT # 725108

1. Entity Name

**GREATER HOMESTEAD - FLORIDA CITY CHAMBER OF COMM
ERCE, INC.**



Principal Place of Business

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

Mailing Address

**43 N. KROME AVE
2ND FLOOR
HOMESTEAD FL 33030
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 **59-0652495**

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	☐ Delete
NAME	WELLER, THOMAS	
STREET ADDRESS	65 NW 16 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	☐ Delete
NAME	GOLD, COREY	
STREET ADDRESS	160 NW 13 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	TD	☐ Delete
NAME	LIPE, DANIEL	
STREET ADDRESS	28801 SW 157 AVENUE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	SD	☐ Delete
NAME	MCMILLAN, JANE	
STREET ADDRESS	TWO S BISCAYNE BLVD SUITE 1910	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	☒ Delete
NAME	LAVENE, KATRINA	
STREET ADDRESS	437 N KROME AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	☐ Delete
NAME	FIALLOS, IGNACIO	
STREET ADDRESS	70 NE 3 STREET	
CITY-ST-ZIP	FLORIDA CITY FL 33034	

TITLE	D	☒ Change ☐ Addition
NAME	Weller, Thomas	
STREET ADDRESS	65 NW 16 Street	
CITY-ST-ZIP	Homestead, FL 33030	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	☒ Change ☐ Addition
NAME	Lipe, Daniel	
STREET ADDRESS	28801 SW 157 Ave	
CITY-ST-ZIP	Homestead, FL	
TITLE	SD	☒ Change ☐ Addition
NAME	McMillan, Jane	
STREET ADDRESS	2 S. Biscayne Blvd., Ste 3750	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	TD	☐ Change ☒ Addition
NAME	Pierce, James	
STREET ADDRESS	48 NE 15th St.	
CITY-ST-ZIP	Homestead, FL 33030	
TITLE	Chair-Elect, D	☒ Change ☐ Addition
NAME	Fiallos, Ignacio	
STREET ADDRESS	70 NE 3 Street	
CITY-ST-ZIP	Florida City, FL 33034	

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:

Jane W. McMillan

4/2/03

805
879-4008

CR2E037 (10/02)