

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 748725**

1. Entity Name

**PRIVATE INDUSTRY COUNCIL OF DADE COUNTY, INC.**

Principal Place of Business

7900 NE 2ND AVE 2ND FLOOR  
STE 603  
MIAMI FL 33138

Mailing Address

7900 NE 2ND AVE 2ND FLOOR  
STE 603  
MIAMI FL 33138-4424

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-1950230**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****NEILL D ROBINSON**  
7900 NE SECOND AVE, 6TH FL  
STE. #1100  
MIAMI FL 33138**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.

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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DELOACH, SCOTT W</b>	
STREET ADDRESS	<b>2001 NW 107TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GONZALEZ, JOSE</b>	
STREET ADDRESS	<b>14201 NW 60TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, NEILL D</b>	
STREET ADDRESS	<b>7900 NE 2ND AVE 6TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Chavies, Michael</b>	
STREET ADDRESS	<b>175 NW 1st Avenue, Rm 2227</b>	
CITY-ST-ZIP	<b>Miami, FL 33128</b>	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Neill D. Robinson

(305) 759-6511 ext. 210

2/8/00

Date

Daytime Phone #