

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 748725

1. Entity Name
PRIVATE INDUSTRY COUNCIL OF DADE COUNTY, INC.



Principal Place of Business
7900 NE 2ND AVE 2ND FLOOR
STE 600
MIAMI, FL 33138

Mailing Address
7900 NE 2ND AVE 2ND FLOOR
STE 600
MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE

(748725 ===== N)

05032005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1950230

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, NEILL D
7900 NE SECOND AVE, 6TH FL
STE. #600
MIAMI, FL 33138

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.
ROBINSON, NEILL D
7900 NE 2ND AVE 6TH FLOOR
MIAMI, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
BRAYNON, PATRICIA J
25 WEST FLAGLER STREET, STE. 950
MIAMI, FL 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAESTRI, JACQUELINE
14201 NW 60TH AVENUE
MIAMI LAKES, FL 331014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAIN, PAULA
15910 NW 57TH AVENUE
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000365932
05/11/05-80023-004 70.00

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-4-05 (305)758-6511