

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90103 011 ****70.00

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**

2. Principal Place of Business

7900 NE 2nd Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 600

City & State

Miami, FL

City & State

Zip

33138

Country

Miami-Dade

Zip

Country

4. FEI Number **59-1950230**

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

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

TITLE **C** ☐ Delete
NAME **CHAVIES, MICHAEL**
STREET ADDRESS **175 NW 1ST AVE, RM 2227**
CITY-ST-ZIP **MIAMI FL 33128**

TITLE **D** ☐ Delete
NAME **WEST, ALVIN**
STREET ADDRESS **701 BRICKELL AVE**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
NAME **MAESTRI, JACQUELINE**
STREET ADDRESS **14201 NW 60TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03

305 259-4544

CR2E037 (10/02)