

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758812

1. Entity Name

COCONUT GROVE CHAMBER OF COMMERCE, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90005 020 ****70.00

Principal Place of Business

2820 MCFARLANE RD.
 MIAMI FL 33133

Mailing Address

2820 MCFARLANE RD.
 MIAMI FL 33133

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

59-0877858

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

SMITH, SKY
 2400 SOUTH DIXIE HIGHWAY
 SUITE 100
 COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name: Silvia Cejas
 Street Address (P.O. Box Number is Not Acceptable): 2820 McFarlane Rd
 City: Miami, FL 33133
 Zip Code: FL 33133

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: *Silvia Cejas President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/10/00

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 | ED | <input type="checkbox"/> Delete |
| NAME | FRAGA, OLGA M | |
| STREET ADDRESS | 2820 MEFARLANG RD. | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FORSTER, JO-ANN | |
| STREET ADDRESS | 2820 MCFARLANE ROAD | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SMITH, SKY | |
| STREET ADDRESS | 2820 MCFARLANE RD | |
| CITY-ST-ZIP | COCONUT GROVE FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | SWEENEY, DONNA | |
| STREET ADDRESS | 2820 MCFARLANE ROAD | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SUSSMAN, SID | |
| STREET ADDRESS | 2820 MCFARLANE RD | |
| CITY-ST-ZIP | COCONUT GROVE FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | VALDEZ, TINA K. | |
| STREET ADDRESS | 2820 MCFARLANE ROAD | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | Executive Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Eloise E. Rodriguez | |
| STREET ADDRESS | 2820 McFarlane Road | |
| CITY-ST-ZIP | Coconut Grove, FL 33133 | |
| TITLE | Vice President, 1st | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mr. Henry Lee Givens | |
| STREET ADDRESS | 2820 McFarlane Road | |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 | |
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Silvia H. Cejas | |
| STREET ADDRESS | 2820 McFarlane Rd. | |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 | |
| TITLE | Vice President, 2nd | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Orlando Alvarez, Jr. | |
| STREET ADDRESS | 2820 McFarlane Rd. | |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 | |
| TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Charles Umberger | |
| STREET ADDRESS | 2820 McFarlane Rd. | |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 | |
| TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jay Windsor | |
| STREET ADDRESS | 2820 McFarlane Rd. | |
| CITY-ST-ZIP | COCONUT GROVE, FL 33133 | |

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: *Silvia Cejas President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00 305-444-7270

Date

Daytime Phone #

CR2E037 (5/00)