


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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90948 002 \*\*\*\*61.25

DOCUMENT # **762960** ✓  
1. Entity Name **COMMERCIAL CENTER OF  
MIAMI MASTER ASSOCIATION, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **6187 NW 167 ST**  
Suite, Apt. #, etc. **H 36**

3. Mailing Address **6187 NW 167 ST**  
Suite, Apt. #, etc. **H 36**

City & State **MIAMI, FL**

Zip **33015** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **650263116** Applied For  Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CARL FRANKLIN**

Street Address (P.O. Box Number is Not Acceptable) **6187 NW 167 ST**

**SUITE H 36**

City **MIAMI** FL Zip Code **33015**

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 reconstituting) DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT - DIRECTOR DIMITRI BENEDETTO 6065 NW 167 ST, B11 MIAMI, FL 33015</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT - DIRECTOR JOHNSON, MICHAEL 6187 NW 167 ST, H16 MIAMI, FL 33015</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY - TREASURER - DIR EDELSTEIN, ROBERT 6043 NW 167 ST, A26 MIAMI, FL 33015</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2037B (12/02)

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 on an attachment with an address, will all other like empowered.

SIGNATURE: **BEN DIMITRI** **4/10/03** **305-827-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #