

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # N00000000951

**1. Entity Name
GERMAN AMERICAN BUSINESS CHAMBER OF
FLORIDA, INC.**



**Principal Place of Business
% GATC, INC.
100 N. BISCAYNE BLVD., SUITE 2100
MIAMI, FL 33132**

**Mailing Address
% GATC, INC.
100 N. BISCAYNE BLVD., SUITE 2100
MIAMI, FL 33132**



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0141771**

**Applied For
Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAUR, THOMAS
% GATC, INC.
100 N. BISCAYNE BLVD., SUITE 2100
MIAMI, FL 33132**

**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 May 1, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME LOY, WALTER A
STREET ADDRESS 100 N. BISCAYNE BLVD., #2100
CITY-ST-ZIP MIAMI, FL 33132**

**TITLE V
NAME CLAUS, MICHAEL
STREET ADDRESS 100 N. BISCAYNE BLVD., #2100
CITY-ST-ZIP MIAMI, FL 33132**

**TITLE S
NAME RIEDI, CLAUDIO
STREET ADDRESS 100 N. BISCAYNE BLVD., #2100
CITY-ST-ZIP MIAMI, FL 33132**

**TITLE T
NAME GOESEKE, NICKEL
STREET ADDRESS 100 N. BISCAYNE BLVD., #2100
CITY-ST-ZIP MIAMI, FL 33132**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

U00000621766
02/12/07-80030-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WALTER A. LOY 2/1/07 305.371.4282