

2001 UNIFORM BUSINESS REPORT (UBR)

4/14

FILED
May 18, 2001 8:00 am
Secretary of State

04-14-2001 90021 001 ****61.25

DOCUMENT # N00000001300

1. Entity Name

MIAMI-DADE & SOUTH BEACH BUSINESS GUILD, INC.

Principal Place of Business

Mailing Address

C/O MIAMI BEACH CHAMBER OF COMMERCE
 420 LINCOLN ROAD - SUITE 2D
 MIAMI BEACH FL 33139

C/O MIAMI BEACH CHAMBER OF COMMERCE
 420 LINCOLN ROAD - SUITE 2D
 MIAMI BEACH FL 33139

44434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4500 BISCAYNE BLVD.

3. Mailing Address

4500 BISCAYNE BLVD.

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0997245

Applied For

Not Applicable

Zip

33137

Country

USA

Zip

33137

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREECE, DAVID
801 NE 74TH STREET
MIAMI FL 33138

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **TREECE, DAVID**
 STREET ADDRESS **801 NE 74TH STREET**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **FRITZ, NEIL**
 STREET ADDRESS **1300 COLLINS AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SMITH, TODD**
 STREET ADDRESS **445 SW 27TH ROAD**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **TREASURER** Change Addition
 NAME **SMITH, TODD**
 STREET ADDRESS **3263 GIFFORD LANE**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **SD** Delete
 NAME **SCHAEFFER, JOAN**
 STREET ADDRESS **5240 SW 88TH COURT**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VICE-PRESIDENT** Delete
 NAME **BEN BEACH**
 STREET ADDRESS **5151 COLLINS AVE., #736**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE Change Addition
 NAME **VICE-PRESIDENT**
 STREET ADDRESS **BEN BEACH**
 CITY-ST-ZIP **5151 COLLINS AVE., #736**
MIAMI BEACH, FL 33140

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

David Treece **REQUIRED**

4-10-2001 305-751-8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

①
②
③