

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90113 040 \*\*\*\*61.25

**DOCUMENT # N00623**

1. Entity Name

**THE GREATER NORTH MIAMI CHAMBER OF COMMERCE, INC**

Principal Place of Business

Mailing Address

**13100 WEST DIXIE HIGHWAY  
 NORTH MIAMI FL 33161-4131**

**13100 WEST DIXIE HIGHWAY  
 NORTH MIAMI FL 33161-4131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0642080**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DOROTHY D VALENTINE  
 13100 W DIXIE HWY  
 NORTH MIAMI FL 33161**

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  Delete  
 NAME **PD GALVIN, SCOTT**  
 STREET ADDRESS **13506 NE 24TH CT**  
 CITY-ST-ZIP **N MIAMI FL 33181**

TITLE  Change  Addition  
 NAME **CD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T GALPERN, JOEL**  
 STREET ADDRESS **1035 NE 125 ST STE 320**  
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE  Change  Addition  
 NAME **TD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD BLANCA COBO**  
 STREET ADDRESS **13490 NW 7TH AVE**  
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD IMBURGIA, CATHY**  
 STREET ADDRESS **12411 BISCAYNE BLVD**  
 CITY-ST-ZIP **N MIAMI FL 33181**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **SD DEBRA WHEELER**  
 STREET ADDRESS **160 NW 170 STREET**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33169**

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)(l), 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 REQUIRED** *Dorothy D. Valentine* 1-5-99 305-891-7811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)