

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90133 026 ****61.25

DOCUMENT # N00797

1. Entity Name

**WOMEN'S CHAMBER OF COMMERCE OF MIAMI-DADE
COUNTY, INC.**



Principal Place of Business

Mailing Address

PLAZA 51-225
444 BRICKELL AVE
MIAMI FL 33131
US

PLAZA 51-225
444 BRICKELL AVE
MIAMI FL 33131
US

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

59-2371670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELIAS-LEVENSON, CARMEN
5979 NW 151 STREET, STE 221
HIALEAH FL 33014

Name **MARIA DEL CALVO - HEVIA**

Street Address (P.O. Box Number is Not Acceptable)

999 PONCE DE LEON STE 1045

City

CORAL GABLES

FL

Zip Code

33134

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☒ Delete
NAME **DEPASS, SUSAN W**
STREET ADDRESS **21001 SW 150TH AVE**
CITY-ST-ZIP **MIAMI FL 33187-4605**

TITLE **PD** ☐ Delete
NAME **EHRICH, PAULA**
STREET ADDRESS **1000 VENETHIAN WAY 31702**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **SD** ☒ Delete
NAME **MCGILL, LISA N**
STREET ADDRESS **17125 N BAY RD #3409**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **PP** ☒ Delete
NAME **LEVENSON, CARMEN E**
STREET ADDRESS **5979 NW 151 STREET STE 221**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **TD** ☐ Delete
NAME **DEL CALVO-HEVIA, MARIA**
STREET ADDRESS **999 PONCE DE LEON STE 1045**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Change ☒ Addition
NAME **TAMARA MCKEOWN**
STREET ADDRESS **100 S.E. 2ND ST. STE 3950**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **SANDRA SHANNON**
STREET ADDRESS **MIAMI DADE PUBLIC SCHOOLS**
CITY-ST-ZIP **1555 N.E. 2ND AVE. MIAMI, FL 33132**

TITLE **PD** ☐ Change ☒ Addition
NAME **TERRY PRAGER**
STREET ADDRESS **AGUA SPA DELANO HOTEL**
CITY-ST-ZIP **1685 COLLINS AVE. MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 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 address, with all other like empowered.

SIGNATURE:

[Signature]

3-14-06

305-444-8288