

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90109 040 *****61.25

DOCUMENT # NO1000005278

1. Entity Name

COUNCIL OF COMMERCE, INC.



DO NOT WRITE IN THIS SPACE

90069511

2. Principal Place of Business
350 East Las Olas Boulevard

3. Mailing Address
350 East Las Olas Boulevard

Suite, Apt. #, etc.
Suite 1000

Suite, Apt. #, etc.
Suite 1000

DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale Florida

City & State
Fort Lauderdale Florida

4. FEI Number

Applied For
☒ Not Applicable

Zip
33301

Country
USA

Zip
33301

Country
USA

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 Fox, Henry H

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

350 East Las Olas Blvd Suite 1000

City Fort Lauderdale

FL

Zip Code
33301

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Director, Henry H. Fox
350 E. Las Olas Blvd, #1000
Fort Lauderdale, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director, Cyril S. Spiro
c/o Regent Bank
2205 S. University Drive, Davie, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director, Michael J. Donnelly
c/o Beacon Management
1000 W. McNab Rd, Pompano Bch, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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**DO NOT WRITE
IN THIS SPACE**

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, with all other like empowered.

SIGNATURE:

Henry H. Fox

Henry H. Fox

3/31/03

954-525-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)