

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000007653

FILED
Sep 05, 2003
Secretary of State

Entity Name: AUSTRALIAN FLORIDA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

2801 PONCE DE LEON
SUITE 1180
CORAL GABLES, FL 33134

New Principal Place of Business:

2851 PRAIRIE AVENUE
MIAMI BEACH, FL 33140 US

Current Mailing Address:

2801 PONCE DE LEON
SUITE 1180
CORAL GABLES, FL 33134

New Mailing Address:

2851 PRAIRIE AVENUE
MIAMI BEACH, FL 33140 US

FEI Number: 14-1850872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

R.A. PUIG PA
9200 SOUTH DADELAND BLVD.
SUITE 710
MIAMI, FL 33156 US

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: RAUL A. PUIG

09/05/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEFEBVRE, TIMOTHY
Address: 2801 PONCE DE LEON #1180
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: MAXWELL, GREGORY
Address: 2801 PONCE DE LEON #1180
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: FLYNN, THOMAS E
Address: 2801 PONCE DE LEON #1180
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOEPEL, DAVID
Address: 2851 PRAIRIE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: CONNELL, BARBARA A
Address: 2851 PRAIRIE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A. CONNELL

TD

09/05/2003

Electronic Signature of Signing Officer or Director

Date