

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90102 016 ****61.25

DOCUMENT # N04000001542

1. Entity Name
SUNNY ISLES BEACH CHAMBER OF COMMERCE, INC.



Principal Place of Business
**1870 NE 171 ST
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**1870 NE 171 ST
NORTH MIAMI BEACH, FL 33162**

20052061



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-0794687

Applied For
Not Applicable

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

**MANSDORF, ABRAHAM B
1870 NE 171 ST
NORTH MIAMI BEACH, FL 33162**

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. 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

**Filing 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 **P** ☐ Delete
NAME **POPPER, MELANIE T**
STREET ADDRESS **1750 NE 167 ST**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

TITLE **V** ☐ Delete
NAME **TEMPLER, PAUL**
STREET ADDRESS **8811 CLEARY BLVD**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **V** ☒ Delete
NAME **OCHOA, ROLANDO**
STREET ADDRESS **18999 BISCAYNE BLVD**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **S** ☒ Delete
NAME **ROSENFELD, NEYSA**
STREET ADDRESS **900 NE 175 ST**
CITY-ST-ZIP **MIAMI, FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Drew Landmeier**
STREET ADDRESS **4300 Alton Road**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☐ Change ☒ Addition
NAME **Ellis Adger**
STREET ADDRESS **9250 W. Flagler Street**
CITY-ST-ZIP **Miami, FL 33174**

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 Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Templer

4/22/06 305 948 5500

Day

Daytime Phone #