

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N16311 (5)
1. Corporation Name
GREATER BISCAYNE CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

7235 BISCAYNE BLVD.
MIAMI FL 331387235 BISCAYNE BLVD.
MIAMI FL 33138-51183. Date Incorporated or Qualified
08/12/19863a. Date of Last Report
05/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2808474

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAGEN, STEVE
725 N.E. 73RD ST.
MIAMI FL 33138

81 Name

HERBERT H. HARPER

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

3050 BISCAYNE BLVD. 4th. Floor

83

MIAMI, FL 33137

84 City

FL

85

Zip Code
33138

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAGEN, STEVE	
STREET ADDRESS	725 N.E. 73RD ST.	
CITY-ST-ZIP	MIAMI FL 33138	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HERBERT H. HARPER	
1.3 STREET ADDRESS	3050 BISCAYNE BOULEVARD	
1.4 CITY-ST-ZIP	MIAMI, FL. 33137	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HABERSIN, RICK	
STREET ADDRESS	998 N.E. 96TH ST.	
CITY-ST-ZIP	MIAMI SHORES FL 33138	

2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STEVE HAGEN	
2.3 STREET ADDRESS	725 N.E. 73rd. ST.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33138	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, MICHAEL	
STREET ADDRESS	118 CAMDEN DR.	
CITY-ST-ZIP	BAL HARBOR FL 33154	

3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GREGG ADAMS	
3.3 STREET ADDRESS	1651 N.E. 115th. ST. Suite 33-C	
3.4 CITY-ST-ZIP	MIAMI, FL 33181	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PATEL, C.J.	
STREET ADDRESS	5950 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33137	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	KEATING, GARY E	
STREET ADDRESS	899 N.E. 99TH ST.	
CITY-ST-ZIP	MIAMI SHORES FL 33138	

5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LORENE JACOBY	
5.3 STREET ADDRESS	3950 North Miami Ave.	
5.4 CITY-ST-ZIP	MIAMI, FL. 33137	

TITLE	AA	<input type="checkbox"/> DELETE
NAME	BRUNSON, ROSALYN	
STREET ADDRESS	2011 NW 4TH CT.	
CITY-ST-ZIP	MIAMI FL 33127	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029373

CF2E037 (9/96)