

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37682

1. Entity Name

HUNGARIAN-AMERICAN CHAMBER OF COMMERCE OF MIAMI,

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90026 042 ****61.25

Principal Place of Business

19134 FISHER ISLAND DR
MIAMI FL 33109

Mailing Address

C/O J. BRUCE IRVING
501 BRICKELL KEY DRIVE, SUITE 300
MIAMI FL 33131-2624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0185987

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IRVING, J. BRUCE
501 BRICKELL KEY DRIVE
SUITE 300
MIAMI FL 33131

7. Name and Address of New Registered Agent

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME URBAN, GABRIELLA
STREET ADDRESS 11201 SW 111 STREET
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE D
NAME GYORE, EVA
STREET ADDRESS 18800 N.E. 7TH CT.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME HOLLO, TIBOR
STREET ADDRESS 444 BRICKELL AVE., #550
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE D
NAME PORGES, JOHN
STREET ADDRESS 420 BARBAROSSA
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE P
NAME BOSZE, SUZANNE
STREET ADDRESS 19134 FISHER ISLAND DR
CITY-ST-ZIP FISHER ISLAND FL 33109 ☐ Delete

TITLE S
NAME IRVING, J. BRUCE
STREET ADDRESS 501 BRICKELL KEY DR, SUITE 300
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME E. U. GORDON
STREET ADDRESS 220 Alhambra Circle, Suite 200
CITY-ST-ZIP Coral Gables, FL ☐ Change ☒ Addition

TITLE D
NAME Gabriella Hale
STREET ADDRESS 11201 SW 111 Street
CITY-ST-ZIP Miami FL ☐ Change ☒ Addition

TITLE D
NAME Julia Simon
STREET ADDRESS 3580 Myshic Point Dr.
CITY-ST-ZIP Adventure, Florida ☐ Change ☒ Addition

TITLE D
NAME Leslie Mate
STREET ADDRESS 1401 Brickell Avenue
CITY-ST-ZIP Miami, FL 33131 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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 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

Date

Daytime Phone #

CR2E037 (9/99)