FILED

305-534-8102

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 16, 2001 8:00 am Secretary of State **DOCUMENT # N37682** 1. Entity Name HUNGARIAN-AMERICAN CHAMBER OF COMMERCE OF MIAMI, 02-16-2001 90022 039 ****61.25 Principal Place of Business Mailing Address 19134 FISHER ISLAND DR C/O J. BRUCE IRVING 501 BRICKELL KEY DRIVE, SUITE 300 MIAMI FL 33109 MIAMI FL 33131 2. Principal Place of Business 19134 Fisher Island De. 3. Mailing Address 19134 Fisher Island DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0185987 MIAMI FLORIDA MIAMI Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Miami-Dade 33109 <u> Miani - Dad</u> 3310 *9* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Beuce-leving IRVING, J. BRUCÈ DELVE **501 BRICKELL KEY DRIVE SUITE 300 MIAMI FL 33131** 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 (NOTE: Registered Agent signature required FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE: IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete GORDON, EVA U NAME NAME STREET ADDRESS 220 ALHAMBRA CIR. 5TH FLR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CORAL GABLES FL TITLE ☐ Delete TITLE Change ☐ Addition NAME GYORE, EVA NAME STREET ADDRESS 18600 N.E. 7TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE . 🗀 Change ☐ Addition TITLE HALE, BARIELLA NAME NAME STREET ADDRESS 11201|SW 111 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE D ☐ Delete DTLE ☐ Change ☐ Addition PORGES, JOHN NAME NAME **420 BARBAROSSA** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP Delete TITLE ☐ Addition TITLE IRVING, SUZANNE BOSZE, SUZANNE NAME NAME 19134 FISHER ISLAND DEWE STREET ADDRESS 19134 FISHER ISLAND DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FISHER ISLAND FL 33109 33109 MINMI FLOR DA TITLE ☐ Addition TITLE Delete 3. BRUCE IRVING. J. BRUCE NAME NAME IRVING. STREET ADDRESS 501 BRICKELL KEY DR, SUITE 300 STREET ADDRESS sher Island Drive CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 1F4 MINMI <u> 33109</u>

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