

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90022 039 ****61.25

0038235

DOCUMENT # N37682

1. Entity Name

HUNGARIAN-AMERICAN CHAMBER OF COMMERCE OF MIAMI,

Principal Place of Business

Mailing Address

**19134 FISHER ISLAND DR
 MIAMI FL 33109**

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

2. Principal Place of Business

3. Mailing Address

19134 Fisher Island Dr.

19134 Fisher Island Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI

City & State
MIAMI, FLORIDA

4. FEI Number
65-0185987

Applied For
 Not Applicable

Zip
33109

Country
Miami-Dade

Zip
33109

Country
Miami-Dade

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

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

Name
J. Bruce Irving

Street Address (P.O. Box Number is Not Acceptable)
19134 FISHER ISLAND DRIVE

City
MIAMI FL Zip Code
33109

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 **Suzanne B. Irving**

Suzanne Irving

2/12/2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, EVA U	
STREET ADDRESS	220 ALHAMBRA CIR, 5TH FLR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GYORE, EVA	
STREET ADDRESS	18600 N.E. 7TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALE, BARIELLA	
STREET ADDRESS	11201 SW 111 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORGES, JOHN	
STREET ADDRESS	420 BARBAROSSA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOSZE, SUZANNE	
STREET ADDRESS	19134 FISHER ISLAND DR	
CITY-ST-ZIP	FISHER ISLAND FL 33109	
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NAME	IRVING, J. BRUCE	
STREET ADDRESS	501 BRICKELL KEY DR, SUITE 300	
CITY-ST-ZIP	MIAMI FL 33131	

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