

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90053 019 ****61.25

DOCUMENT # N37682

1. Entity Name

HUNGARIAN-AMERICAN CHAMBER OF COMMERCE OF MIAMI, INC.

Principal Place of Business

Mailing Address

**19134 FISHER ISLAND DR
 MIAMI FL 33109**

**19134 FISHER ISLAND DR
 MIAMI FL 33109**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0185987

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

**IRVING, J. BRUCE
 19134 FISHER ISLAND DR
 MIAMI FL 33109**

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

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 type="checkbox"/> Delete
NAME	IRVING, SUZANNE	
STREET ADDRESS	19134 FISHER ISLAND DR	
CITY-ST-ZIP	FISHER ISLAND FL 33109	
TITLE	S	<input type="checkbox"/> Delete
NAME	IRVING, J. BRUCE	
STREET ADDRESS	19134 FISHER ISLAND DRO	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Csaba Szentpeteri	
STREET ADDRESS	5551 NW 112 Avenue	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	V.P. MARK HU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORA DEBRECENI	
STREET ADDRESS	5551 NW 112 Avenue	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	GABRIELLA URBAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11201 SW 111 ST.	
STREET ADDRESS	MIAMI, FL	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRISH HOFFMAN	
STREET ADDRESS	1217 Obispo Avenue	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	CHAIRPERSON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUZANNE IRVING	
STREET ADDRESS	19134 FISHER ISLAND DRIVE	
CITY-ST-ZIP	Fisher Island, FL 33109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1/10/02

Date

Daytime Phone #

CR2E037 (9/01)