

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

02-13-2002 90287 018 ****70.00

DOCUMENT # N37819

1. Entity Name

DORAL & AIRPORT WEST CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

8181 NW 36 ST
 STE 14E
 MIAMI FL 33166
 US

8181 NW 36 ST
 STE 3
 MIAMI FL 33166
 US

2. Principal Place of Business

3. Mailing Address

8181 NW 36 ST

Suite, Apt. #, etc.

STE 3

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0282586

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

~~WALKER, ANTHONY~~~~8181 NW 36TH ST~~~~STE 3~~~~MIAMI FL 33166~~

Name

FELIPE E. MADRIGAL

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 **VP**
 NAME **SOMAN, JOANN**
 STREET ADDRESS **8181 NW 14TH ST SUITE 300**
 CITY-ST-ZIP **MIAMI FL 33178**

☐ Delete

TITLE **CHAIRMAN - D**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change☐ Addition

TITLE **VPD**
 NAME **ABBATE JR, ANDRE G**
 STREET ADDRESS **9929 COSTA DEL SOL BLVD**
 CITY-ST-ZIP **MIAMI FL 33178**

☒ Delete

TITLE **TREASURER - D**
 NAME **BERNARD J. ADROYER**
 STREET ADDRESS **7970 N.W. 36th STREET**
 CITY-ST-ZIP **MIAMI FL 33146**

☐ Change☒ Addition

TITLE **TD**
 NAME **GONZALEZ, EDUARDO**
 STREET ADDRESS **8180 NW 36TH ST 100**
 CITY-ST-ZIP **MIAMI FL 33166**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE **D**
 NAME **PIEDRA, MILTON D**
 STREET ADDRESS **8181 NW 36TH ST SUITE 14E**
 CITY-ST-ZIP **MIAMI FL 33166**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE **VP**
 NAME **MADRIGAL, FELIPE**
 STREET ADDRESS **1565 NW 88TH AVE UNIT C**
 CITY-ST-ZIP **MIAMI FL 33172**

☐ Delete

TITLE **PRESIDENT + CEO - D**
 NAME **FELIPE E. MADRIGAL**
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change☐ Addition

TITLE **SC**
 NAME **ENOS, JENNIFER**
 STREET ADDRESS **10145 NW 19TH ST**
 CITY-ST-ZIP **MIAMI FL 33172**

☐ Delete

TITLE **SECRETARY - D**
 NAME **SANDRA GRAY**
 STREET ADDRESS **90 ALMERIA AVE**
 CITY-ST-ZIP **CORAL GABLES, FLA 33134**

☒ 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

FELIPE E. MADRIGAL**01/08/02****305-592-5141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)