

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90088 025 \*\*\*\*70.00

**DOCUMENT # N44691**

1. Entity Name

**THE GREATER HOMESTEAD/FLORIDA CITY CHAMBER OF CO**

Principal Place of Business

Mailing Address

43 N. KROME AVE  
 2ND FLOOR  
 HOMESTEAD FL 33030  
 US

43 N. KROME AVE  
 2ND FLOOR  
 HOMESTEAD FL 33030-6014  
 US

00003926



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0339130

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

7. Name and Address of New Registered Agent

PEYTON, DAVID  
 1550 NORTH KROME AVENUE  
 HOMESTEAD FL 33030

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	PCD	<input type="checkbox"/> Delete
NAME	PEYTON, DAVID	
STREET ADDRESS	1550 NORTH KROME AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROMERO, JULIE	
STREET ADDRESS	26140 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	NARANJA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEYTON, DAVID	
STREET ADDRESS	1550 N KROME AVENUE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORTER, HARLENE	
STREET ADDRESS	28801 S.W. 157 AVENUE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLER, TOM	
STREET ADDRESS	65 N.W. 16 STREET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	I	<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mario Espineira Jr.	
STREET ADDRESS	25475 SW 142 Avenue	
CITY-ST-ZIP	Princeton, FL 33032	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane McMillan	
STREET ADDRESS	25 Biscayne Blvd, Suite 191	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Porter, Marlene	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Hunt	
STREET ADDRESS	28401 SW 167 Avenue	
CITY-ST-ZIP	Homestead, FL 33033	

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 REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00 (305) 242-8608  
 Date Daytime Phone #

CR12E037 (9/99)