

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46141

1. Entity Name

POMPANO BEACH/METROPOLITAN CHAMBER OF COMMERCE, INC. ✓

Principal Place of Business

Mailing Address

3001 N.W. 8TH ST.
POMPANO BEACH FL 33069
US

3001 NW 8TH ST
POMPANO BEACH FL 33069
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FET Number

NOT APPLICABLE

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

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

James Eddy

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

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

☐ Delete

☐ Change

☐ Addition

☐ Delete

☐ Change

☐ Addition

☐ Delete

☐ Change

☐ Addition

☐ Delete

☐ Change

☐ Addition

☒ Delete

☐ Change

☒ Addition

☐ Delete

☐ 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)(b), 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 exercise 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 file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy Jones

4/25/02

Date

954 977 3024

Display Here *