

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90528 031 ****70.00

0022349

DOCUMENT # N46141

1. Entity Name

POMPANO BEACH/METROPOLITAN CHAMBER OF COMMERCE, INC.



Principal Place of Business

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

Mailing Address

**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. FEI 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

EDDY, JAMES R., P.A.

**2401 E. ATLANTIC BLVD
POMPANO BEACH FL 33069**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input type="checkbox"/> Delete
NAME	JONES, DOROTHY	
STREET ADDRESS	2114 NW 5TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	DAVIS, KENNY	
STREET ADDRESS	3601 W COMMERCIAL BLVD STE 35	
CITY-ST-ZIP	FT LAUDERDALE FL 32309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COPELPU, ESSIE	
STREET ADDRESS	3001 NW 8TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKS, ROBERT	
STREET ADDRESS	600 S E 3RD AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGESS-COLE, ALFREDA	
STREET ADDRESS	1848 NW 6 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	APUNG, BOB	
STREET ADDRESS	3001 NW 8TH	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Essie Copeland</i>	
STREET ADDRESS	<i>3001 NW 8th</i>	
CITY-ST-ZIP	<i>Pompano Beach Fl 33069</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Bob Young</i>	
STREET ADDRESS	<i>3001 NW 8th</i>	
CITY-ST-ZIP	<i>Pompano Beach Fl 33069</i>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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]

4/25/03

CR2E037 (10/02)