

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000458

1. Entity Name

ALLAPATTAH CHAMBER OF COMMERCE, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90083 015 ****61.25

Principal Place of Business 2513 N.W. 20TH ST. MIAMI FL 33142	Mailing Address 2513 N.W. 20TH ST. MIAMI FL 33142-7103
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0514793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CABEZAS, RAFAEL
2513 N.W.20TH ST.
MIAMI FL 33142

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 _____
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

TITLE	D <input type="checkbox"/> Delete
NAME	GUEITSS, CARLOS A
STREET ADDRESS	2015 NW 20 ST
CITY-ST-ZIP	MIAMI FL 33142
TITLE	VD <input type="checkbox"/> Delete
NAME	GONZALEZ, ANGEL
STREET ADDRESS	2515 NW 20 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VC <input type="checkbox"/> Delete
NAME	VALDEZ, RUBEN
STREET ADDRESS	2015 NW 20 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	FERNANDEZ, SERGIO
STREET ADDRESS	2207 NW 23RD AVE.
CITY-ST-ZIP	MIAMI FL 33142
TITLE	D <input type="checkbox"/> Delete
NAME	NOVO, GUILLERMO
STREET ADDRESS	2515 N.W. 20TH ST.
CITY-ST-ZIP	MIAMI-FL 33142
TITLE	D <input type="checkbox"/> Delete
NAME	GONZALEZ, ANTONIO
STREET ADDRESS	2102 NW 17TH # D-308
CITY-ST-ZIP	MIAMI FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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 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: *Angel Gonzalez* **ANGEL GONZALEZ** 4/27/00 305-631-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)