

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000458

1. Entity Name

ALLAPATTAH CHAMBER OF COMMERCE, INC.

Principal Place of Business

2513 N.W. 20TH ST.
MIAMI FL 33142

Mailing Address

2513 N.W. 20TH ST.
MIAMI FL 33142

2. Principal Place of Business

2634 A NW 21 TER.
Suite, Apt. #, etc.

3. Mailing Address

2634 A NW 21 TER.
Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33142

Country

U.S.A.

Zip

33142

Country

U.S.A.

4. FEI Number

65-0514793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

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: RAFAEL CABEZAS
Street Address (P.O. Box Number is Not Acceptable)
2634 A NW 21 TERR.
City: MIAMI FL Zip Code: 33142

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	☐ Delete
NAME	GUEITSS, CARLOS A	
STREET ADDRESS	2015 NW 20 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VD	☐ Delete
NAME	GONZALEZ, ANGEL	
STREET ADDRESS	2515 NW 20 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VC	☐ Delete
NAME	VALDEZ, RUBEN	
STREET ADDRESS	2015 NW 20 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ Delete
NAME	FERNANDEZ, SERGIO	
STREET ADDRESS	2207 NW 23RD AVE.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	☐ Delete
NAME	NOVO, GUILLERMO	
STREET ADDRESS	2515 N.W. 20TH ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	☐ 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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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 DATE: 4/14/01 TIME: 3:05 PHONE: 305-638-02-80
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90279 026 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)