

2000 UNIFORM BUSINESS REPORT (UBR)

2/8/00-90149-018-\$61.25-\$61.25

DOCUMENT # N94000003654

1. Entity Name

SOUTH BEACH HISPANIC CHAMBER OF COMMERCE OF GREA

FILED

00 MAR -6 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1111 LINCOLN ROAD
810
MIAMI BEACH FL 33139
US

2457 COLLINS AVE
#701
MIAMI BEACH FL 33140-4728

2. Principal Place of Business

3. Mailing Address

1205 Lincoln Rd.

Suite, Apt. #, etc.

#211

City & State

Miami Beach, FL

Zip
33139

Country
Miami-Orde

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0511241

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

LOPEZ, LIJAM M
2457 COLLINS AVE
#701
MIAMI BEACH FL 33140

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	C SARRAFF, RAUL 530 OCEAN DR MIAMI BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	S DORTA, HUGO E 501 BRICKELLDR, STE 300 MIAMI FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	C-Elect Dorta, Hugo 501 Brickell Ave. Suite 600 Miami FL 33131
<input checked="" type="checkbox"/> Delete	D LANNES, ROMAN M 999 PONCE DE LEON BLVD. CORAL GABLES FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S Luzardo Martinez 1111 Lincoln Rd. Suite 810 Miami Beach, FL 33139
<input type="checkbox"/> Delete	T ROBERT E. CHISHOLM 7254 SW 48TH ST MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	C Robert E. Chisholm, FAIA 7254 S.W. 48 St. Miami FL 33155
<input type="checkbox"/> Delete	D GONZALEZ-JACOBO, RAFAEL 780 NW 42 AVE MIAMI FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	-D Abraham Abramovich 1698 Alton Rd. Miami Beach, FL 33139
<input type="checkbox"/> Delete	P LOPEZ, LIJAM M 2457 COLLINS AVE., #701 MIAMI BEACH FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	-D Michael Rotbart 2401 Collins Ave. #C3 Miami Beach, FL 33140

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: *Lijam M Lopez* 2-1-00 (305)534-1903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)