

2001 UNIFORM BUSINESS REPORT (UBR)

2/6

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-06-2001 90250 048 ****61.25

DOCUMENT # N95000000888

1. Entity Name

COALITION OF DADE COUNTY CHAMBERS OF COMMERCE, I

Principal Place of Business

C/O MIAMI BEACH CHAMBER OF COMMERCE
 1920 MERIDIAN AVENUE
 MIAMI BEACH FL 33139
 US

Mailing Address

C/O MIAMI BEACH CHAMBER OF COMMERCE
 1920 MERIDIAN AVENUE
 MIAMI BEACH FL 33139
 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

65-0598802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SINGER, BRUCE M.
1920 MERIDIAN AVE
MIAMI BEACH FL 33139

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	DSB	<input type="checkbox"/> Delete
NAME	SCHWARTZ, GERALD K	
STREET ADDRESS	1920 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DPC	<input checked="" type="checkbox"/> Delete
NAME	HOLLOWAY, WILBERT T	
STREET ADDRESS	150 W. FLAGLER ST. #1820	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGER, BRUCE	
STREET ADDRESS	1920 MERIDIAN AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SB D	<input type="checkbox"/> Delete
NAME	MASSON, DONNA	
STREET ADDRESS	6410 S.W. 80TH ST.	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE	Director	<input type="checkbox"/> Delete
NAME	LILLIAN LOPEZ	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1111 Lincoln Rd, Suite 800	
STREET ADDRESS	MB, FL 33139	
CITY-ST-ZIP		
TITLE	Chairman-elect D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tanny Cason	
STREET ADDRESS	18350 NW 2nd Ave	
CITY-ST-ZIP	Suite 600	
	Miami, FL 33169	
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	Director D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LILLIAN LOPEZ	
STREET ADDRESS	1111 Lincoln Road	
CITY-ST-ZIP	Miami Beach, Fla 33139	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)