

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90260 039 ****61.25

DOCUMENT # N95000004190

1. Entity Name

OLD CUTLER JUNIOR CHAMBER OF COMMERCE, INC.

Principal Place of Business

4945 SW 129 AVE
 MIAMI FL 33175

Mailing Address

18730 SW 90 AVE
 MIAMI FL 33157
 US

2. Principal Place of Business

20754 SW 84 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Miami FL

City & State

Zip
 33189

Country

Zip

Country

4. FEI Number

65-0496899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

IANEZ, LILIANA
 18730 SW 90 AVE
 MIAMI FL 33157

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

Liliana Ianez - Treasurer

1-15-01

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 NAME	MVPD KESSELL, DIANE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9820 SOUTOS DR	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	COBD PEREZ, TAMMY	<input type="checkbox"/> Delete
STREET ADDRESS	845 W 72 ST	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE NAME	MVPD BALLEY, DANIEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	18730 SW 90 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE NAME	PD GUERRA, CARMEN	<input type="checkbox"/> Delete
STREET ADDRESS	4945 SW 129 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE NAME	I LILIANA, IANEZ	<input type="checkbox"/> Delete
STREET ADDRESS	18730 SW 90 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DENISE HOPKINS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	20754 SW 84 AVE	
CITY-ST-ZIP	MIAMI, FL 33189 PD	
TITLE NAME	Debbie Brodosky	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9384 Caribbean Blvd.	
CITY-ST-ZIP	MIAMI, FL 33189 MVPD	
TITLE NAME	Yvette Fieselman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	22315 SW 100 AVE	
CITY-ST-ZIP	MIAMI, FL 33190 MVPD	
TITLE NAME	C.O.B.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Liliana Ianez - Treasurer

1-15-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)