

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90219 009 ****61.25

DOCUMENT # **01d Cutler Junior**
1. Entity Name **CHAMBER OF COMMERCE**
N9500004190

DO NOT WRITE IN THIS SPACE

976242

2. Principal Place of Business
753 NW 3 ST
Suite, Apt. #, etc. **#402**
City & State **Miami FL**
Zip **33128** Country **USA**

3. Mailing Address
753 NW 3 ST
Suite, Apt. #, etc. **#402**
City & State **Miami, FL**
Zip **33128** Country **USA**

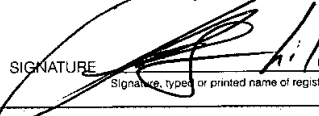
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4. FEI Number **65-0496899** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Liliana Tanez**
Street Address (P.O. Box Number is Not Acceptable) **753 NW 3 ST #402**
City **Miami** FL Zip Code **33128**

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 Tanez Treasurer** **8-04-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FEE IS \$61.25
Initial or Amended UBR

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 STREET ADDRESS CITY-ST-ZIP	TD Liliana Tanez 753 NW 3 ST #402 Miami, FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVP Carmen Guerra 4945 SW 129 AVE Miami, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVP Tammy Perez 7005 W 17th CT Miami, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVP Penny Maupin 8141 SW 209 ST Miami, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCDV Debbie Brodsky 4384 Caribbean Blvd Miami, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVP Denise Hopkins 19810 Holiday Ave Miami, FL

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **8-4-02 (305) 332-4589**

CR2E037B (12/01)



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 8, 2002

OLD CUTLER JUNIOR CHAMBER OF COMMERCE, INC.
753 NW 3 STREET #402
MIAMI, FL 33128 US

SUBJECT: OLD CUTLER JUNIOR CHAMBER OF COMMERCE, INC.
Ref. Number: N95000004190

We have received your document for OLD CUTLER JUNIOR CHAMBER OF COMMERCE, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Please provide the entity name in block 1.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 902A00047416