

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002083

1. Entity Name

ALLAPATTAH CHAMBER OF COMMERCE COMMUNITY SERVICE

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90111 035 ****61.25

Principal Place of Business

Mailing Address

**2513 N.W. 20TH STREET
 MIAMI FL 33142**

**2513 N.W. 20TH STREET
 MIAMI FL 33142-7103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0737685

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, ANGEL
 2513 N.W. 20TH STREET
 MIAMI FL 33142**

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D	<input type="checkbox"/> Delete
GONZALEZ, ANGEL	
3280 W. FLAGLER	
MIAMI FL 33135	
D	<input type="checkbox"/> Delete
FERNANDEZ, SERGIO	
3429 N.W. 17TH STREET	
MIAMI FL 33125	
D	<input type="checkbox"/> Delete
GUEITS, CARLOS	
1617 N.W. 27TH AVENUE	
MIAMI FL 33125	
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GONZALEZ 4/27/00

Date

Daytime Phone #

905-635-25-61

CR2E037 (9/99)