

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90096 007 ****61.25

DOCUMENT # N97000000124

1. Entity Name

AVENTURA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

18305 BISCAYNE BLVD., STE. 300
 AVENTURA FL 33160

18305 BISCAYNE BLVD., STE. 300
 AVENTURA FL 33160

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

65-0742856

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

MARSHALL, M. KEITH
18305 BISCAYNE BLVD., STE. 300
AVENTURA FL 33160

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. (See Attachment) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUBVSHMAN, EMIL 3640 YACHT CLUB DR., UNIT 1802 AVENTURA FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, M. KEITH 18305 BISCAYNE BLVD., STE. 300 AVENTURA FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORNIK, GARY 18305 BISCAYNE BLVD, SUITE 300A AVENTURA FL 33160	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HUBSCHMAN, EMIL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JILLEDGON 18305 Biscayne Blvd. STE 300A Aventura, FL. 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Jo-Ann Fine 20281 East Country Club Drive STE 1607 AVENTURA, FL. 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D.D. Drumheller 12700 Biscayne Blvd. STE 401 NORTH MIAMI, FLORIDA 33181	<input type="checkbox"/> Change <input checked="" 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:

Emil Hubschman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/01 305-935-2131

CR2E037 (10/00)

Attachment Document # N97000000124
C0041044

18305 Biscayne Blvd.
Suite 300A
Aventura, FL 33160
Phone: 305-935-2131 Fax: 305-935-2992
<http://www.aventura.net>

Aventura Chamber of Commerce, Inc.

THE FOLLOWING ARE ADDITIONAL DIRECTORS OF THE CORPORATION:

D
Beskin, Jay
8220 State Road 84, Suite 302
Davie, Florida 33324

D
Fabian, Howard
20650 Highland Lakes Blvd.
North Miami Beach, Fl. 33179
305 936-2416 phone
305 936-2416 fax

D
Goldstein, Michael
Williams Island
7900 Island Boulevard
Williams Island, Florida 33160

D
Karen Levine
1075 N.E. 167th Street
North Miami Beach, Fl. 33162

