

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90032 012 ****61.25

DOCUMENT # N98000003966

1. Entity Name

NORTH MIAMI BEACH CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

41 NE 167TH ST
 N MIAMI BEACH FL 33162

41 NE 167TH ST
 N MIAMI BEACH FL 33162-3402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0794687

Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANSDORF, ABRAHAM B
17971 BISCAYNE BLVD #211
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	STANIC, LUNDA	
STREET ADDRESS	1100 NW 95 ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	V	<input type="checkbox"/> Delete
NAME	TEMPLER, PAUL	
STREET ADDRESS	740 NE 182 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	T	<input type="checkbox"/> Delete
NAME	MANSDORF, ABRAHAM B	
STREET ADDRESS	17971 BISCAYNE BLVD #211	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCUS, STAN	
STREET ADDRESS	800 NE 199 ST D205	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNYDER, MICHAEL	
STREET ADDRESS	20803 BISE BLVD #200	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHERNOFF, JAY	
STREET ADDRESS	1705 NE 123 ST	
CITY-ST-ZIP	N MIAMI FL 33181	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Templer	
STREET ADDRESS	740 NE 182 St.	
CITY-ST-ZIP	North Miami Beach, FL 33162	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stan Marcus	
STREET ADDRESS	800 NE 199 St D 205	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellis Adger	
STREET ADDRESS	9250 W. Flagler St.	
CITY-ST-ZIP	Miami, FL 33174	
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		

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: Abraham B. Mansdorf **ABRAHAM B. MANSDORF, TREAS.** 1/6/00 305 653-1111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)