2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT

DO NOT WRITE IN THIS SPACE CO-04

1. Entity Name

MIAMI BEACH HISPANIC CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
4337 SHERIDAN AVENUE MIAMI BEACH FL 33140	4337 SHERIDAN AVENUE MIAMI BEACH FL 33140

2. Principal Place of Business	3. Mailing Address
1620 Drexel Ave.	1620 Drexel Ave.
Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc. 2nd Floor
City & State Miami Beach	City & State Miami Beach, FLA.
Zip FLA. Country 33139	Zip 33140 Country

4. FEI Number 65-0288999 ✓ Applied For / Not Applicable

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
CALVANI, GRACE 4337 SHERIDAN AVENUE MIAMI BEACH FL 33140 See change address	Name Grace Calvani Street Address (P.O. Box Number is Not Acceptable) 1620 Drexel Ave. City Miami Beach FL Zip Code 33139

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 Grace Calvani 1/18/2000.
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 After September 13, 2000 min. will be $236.25	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 NAME CALVANI, GRACE STREET ADDRESS 4337 SHERIDAN AVENUE CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete	TITLE D NAME Grace Calvani Executive Director (Exe. Directr) STREET ADDRESS 1620 Drexel Ave. CITY-ST-ZIP M.B. Fl 33139 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE D NAME Michael Gongora President (Directr) STREET ADDRESS 1620 Drexel Ave. CITY-ST-ZIP MB Fl 33139 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE D NAME Sallie Anne Manil Vice President (Directr) STREET ADDRESS 1620 Drexel Ave. CITY-ST-ZIP M.B. Fl. 33139 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE D NAME Maria Fernandez (Directr) STREET ADDRESS 1620 Drexel Ave. CITY-ST-ZIP Miami Beach, Fl. 33139 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE D NAME Manny Warzalski Treasurer (Directr) STREET ADDRESS 1620 Drexel Ave. CITY-ST-ZIP M.B. Fl 33139 ☐ Change ☑ Addition
TITLE D NAME Director Allan Kleer STREET ADDRESS 1620 Drexel Ave CITY-ST-ZIP Miami Beach, Fl. 33139 Addition ~~☐ Delete~~	TITLE D NAME Maria Diez Vice Treasurer (Director) STREET ADDRESS 1620 Drexel Ave. CITY-ST-ZIP M.B 33139 ☐ Change ☑ Addition

CR2E037 (5/00)

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: SIGNATURE REQUIRED Grace Calvani 1/18/2000.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1/31/01