

**2000 UNIFORM BUSINESS REPORT (UBR)**

01-26-2001 90158 040 \*\*\*305.75

N99000001373

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB 12 AM 10:57

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**DOCUMENT # N99000001373**

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.

Suite, Apt. #, etc.

2nd Floor

2nd Floor

City & State

City & State

Miami Beach

Miami Beach, FLA.

Zip

Country

Zip

Country

FLA.

33139

33140

4. FEI Number  
65-0288999

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

REINSTATEMENT DO NOT WRITE IN THIS SPACE CO-04



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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/18/2000

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  
STREET ADDRESS EXECUTIVE DIRECTOR (Ex. Director)  
CITY-ST-ZIP 1620 Drexel Ave. M.B. FL 33139  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE D  
NAME Michael Gonzora  
STREET ADDRESS President (Director)  
CITY-ST-ZIP 1620 Drexel Ave. M.B. FL 33139  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE D  
NAME Sallie Anne Manvil  
STREET ADDRESS Vice President (Director)  
CITY-ST-ZIP 1620 Drexel Ave. M.B. FL 33139  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE D  
NAME Maria Fernandez  
STREET ADDRESS 1620 Drexel Ave. (Director)  
CITY-ST-ZIP Miami Beach, FL 33139  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE D  
NAME Manny Warzawski  
STREET ADDRESS Treasurer (Director)  
CITY-ST-ZIP 1620 Drexel Ave. M.B. FL 33139  Change  Addition

TITLE D  
NAME Director Allan Kleeper  
STREET ADDRESS 1620 Drexel Ave  
CITY-ST-ZIP Miami Beach, FL 33139  Addition

TITLE D  
NAME Maria Diez  
STREET ADDRESS Vice Treasurer (Director)  
CITY-ST-ZIP 1620 Drexel Ave. M.B. 33139  Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000

Date

Daytime Phone #

CREATED BY 15000

1/31/01