

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90004 008 ****70.00

DOCUMENT # N99000001373

1. Entity Name

MIAMI BEACH HISPANIC CHAMBER OF COMMERCE, INC.

Principal Place of Business

1620 DREXEL AVE
 2ND FLOOR
 MIAMI BEACH FL 33139

Mailing Address

1620 DREXEL AVE
 2ND FLOOR
 MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0288999

Applied For

Not Applicable

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

CALVANI, GRACE
1620 DREXEL AVE
2ND FLOOR
MIAMI BEACH FL 33139

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	ED	<input type="checkbox"/> Delete
NAME	CALVANI, GRACE	
STREET ADDRESS	1620 DREXEL AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GONGORA, MICHAEL	
STREET ADDRESS	1620 DREXEL AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MARVIL, SALLIE ANNE	
STREET ADDRESS	1620 DREXEL AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, MARIA	
STREET ADDRESS	1620 DREXEL AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARZAUSKI, MANNY	
STREET ADDRESS	1620 DREXEL AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIEZ, MARIA	
STREET ADDRESS	1620 DREXEL AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chiu, Vilma	
STREET ADDRESS	1620 Drexel Ave.	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warzavski, Manny	
STREET ADDRESS	1620 Drexel Ave	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diez, Maria	
STREET ADDRESS	1620 Drexel Ave	
CITY-ST-ZIP	Miami Beach, FL 33139	

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:

S. PALVAURED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 18, 2002 (305) 674-1414
 Date Daytime Phone #

CR2E037 (9/01)