

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90084 046 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1620 Drexel Ave

3. Mailing Address
1620 Drexel Ave

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip
33139

Country
U.S.A

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
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Grace Calvani, Grace Calvani, Executive Director 1/14/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	VP Maria Diez 1620 Drexel Ave MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Manny Warszawski 1620 Drexel Ave MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Sandy Ortiz 1620 Drexel Ave MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jane Ginart 1620 Drexel Ave MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input 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: Signature of Grace Calvani, Executive Dir. 1/14/03 (305)674-144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)