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

## DOCUMENT # N9900001373

MIAMI BEACH HISPANIC CHAMBER OF COMMERCE, INC.

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

01-21-2003 90084 046 \*\*\*\*70.00

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Principal P	Place of Business	Mailing Address						
620 DREXE		1620 DREXEL AVE		ļ				
D FLOOR	-	2ND FLOOR						
AMI BEAC	CH FL 33139	MIAMI BEACH FL 33139		ļ.				
Princina	al Place of Business				)	<b>i i</b> i i i i i i i i i i i i i i i i i	(1 <b>22/3</b> 1/1/ <b>22/3</b> /1)	)
		3. Mailing Address	- ( A s				<b>           </b>	
Suite, Apt. #, etc.			EL AUE				14 ASTEL 11988 1191	
00.10,71	pt. 11, 0to.	Suite, Apt. #, etc.			CHECK	HERE IF MAK	ING CHANGI	FS
City & St	tate	City & State						
MIAM		_ MIAMI BEACH	. FL	4. FEI	Number <b>65-028</b>	8999		Applied For
Zip 3313	Country	Zip	Country				\$8.75 <i>/</i>	Not Applicab
<u>0010</u>	6 Name and Address of Communication	33139	4.5.A	<b>5</b> . Cer	tificate of Status De	sired 🔀	Fee Requ	Additional ired
	6. Name and Address of Current	t Hegistered Agent		7. Nar	ne and Address of	New Registere		
<b>CALVAN</b>	NI, GRACE		Name	ر مين المنطق المناسبة	ميد وميود د	* - 2 4	522 1	
	REXEL AVE		Street Ad		Number is Not Acce		<del>-</del>	<del></del>
2ND FL			<del></del>			·		
	BEACH FL 33139							
	<b>~.</b>		City			F	Zip Co	ode
The abov	ve named entity submits this statement for ations of registered agent.	or the purpose of changing its reg	listored office or	ra edete de la de	<del></del>		<u> </u>	
the obliga	ations of registered agent.	The property of straining my my reg	hareled office of t	registered agent,	or both, in the State	e of Florida. Tai	m familiar witt	h, and accep
	(XX) Oca		•				<i>i</i> 1	
3NATURE		volui Corgre	- Caluar	i Expo	while DI	orchar T	14/0.	2
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Agent signature	e required when reinsta	ting)	DATE	1110	<u></u>
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	FILE NOW: FEE IS \$61.25	9. Election Campai Trust Fund Contr	ign Financing ribution.	\$5.00 Added to		Make Che	ck Payable	e to
		Trust Fund Contr	ign Financing ribution.			Make Che lorida Depa	ck Payable	e to State
	FILE NOW: FEE IS \$61.25  OFFICERS AND DIF	Trust Fund Contr	ign Financing ribution.	☐ Added to		Florida Depa	rtment of	State
	OFFICERS AND DIF	Trust Fund Contr	11.	☐ Added to	Fees	Florida Depa	rtment of	State N 10
	OFFICERS AND DIF	Trust Fund Contr	11. TITLE NAME	☐ Added to	Fees	Florida Depa	PIRECTORS	State N 10
E E ET ADDRESS	OFFICERS AND DIF CALVANI, GRACE 1620 DREXEL AVE	Trust Fund Contr	11. TITLE NAME STREET ADDRESS	☐ Added to	Fees	Florida Depa	PIRECTORS	State N 10
E E ET ADDRESS -ST-ZIP	OFFICERS AND DIF	Trust Fund Contr	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Added to	Fees	Florida Depa	PIRECTORS	State N 10
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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 changed, or on an attachment with an address, with all other like empowered. Grace Calvani,

SIGNATURE:

ELFE OLUZAURE EXACTUE Dr.

(305)674-1444