

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90858 001 *1,050.00

DOCUMENT # F96000000825

1. Entity Name

CHANCEL SERVICE CORPORATION

Principal Place of Business

901 PONCE DE LEON BLVD 700
 7TH FLOOR
 CORAL GABLES FL 33134
 US

Mailing Address

901 PONCE DE LEON BLVD 700
 7TH FLOOR
 CORAL GABLES FL 33134-3073
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3626469

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

7. Name and Address of New Registered Agent

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PD LIERMAN, PAUL**
 STREET ADDRESS **901 PONCE DE LEON BLVD 700**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME **Secretary**
 STREET ADDRESS **Erlinda Vesleno**
901 Ponce de Leon Blvd., Suite 700
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE Delete
 NAME **VP RECALT, MICHEL**
 STREET ADDRESS **901 PONCE DE LEON BLVD STE 700**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD WILSON, BRIAN**
 STREET ADDRESS **MAPLE CT CENTRAL PARK REEDS CRESCENT**
 CITY-ST-ZIP **WATFORD HE**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T MOLONEY, ADRIAN**
 STREET ADDRESS **901 PONCE DE LEON BLVD 7TH FLOOR**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD BALLINGALL, ROBERT**
 STREET ADDRESS **MAPLE CT CENTRAL PARK REEDS CRESCENT**
 CITY-ST-ZIP **WATFORD HE**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Paul Lierman, President

Date

305-444-6811

Daytime Phone #

CR2E034 (9/99)