## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

F96000000825

1. Entity Name

CHANCEL SERVICE CORPORATION



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91321 022 \*\*\*150.00

S. Certificate of Status Desiree   Foe Required Manna   Foe Required Man	Principal Place of Business 901 PONCE DE LEON BLVD 700 7TH FLOOR CORAL GABLES FL 33134 US 2. Principal Place of Business Suite, Apt. #, etc. City & State		901 F 7TH I CORA US 3. Mail Suite	Mailing Address 901 PONCE DE LEON BLVD 700 7TH FLOOR CORAL GABLES FL 33134 US 3. Mailing Address Suite, Apt. #, etc. City & State				CHECK HERE IF MAKING CHANGES  4. FEI Number 13-3626469 Applied For Not Applicable				
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156-0000  6. 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 a the obligations of registered agent.  SIĞNATURE    Signaur, speed or pieted rune of registered agent and lost applicable.   POTE Registered Agent deponate transfer and the redistrict)   DATE    FILE NOW!! FEE IS \$150.00	Zip	Country	Zip		Count	Country		Certificate of Status Desired				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and stor it applicable.   (NOTE: Registered Agent algroupe negligidors)	UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD.					Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent are the if applicable. (NOTE Registered Agent signature required when relatations)  DATE  * FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS IN 1  TITLE NAME NAME NAME STREET ADDRESS CITY-S1-2IP  OLONGE DE LEON BLVD 700 CORAL GABLES FL 33134  CITY-S1-2IP  TITLE NAME NAME STREET ADDRESS CITY-S1-2IP  OLONGE DE LEON BLVD 7TH FLOOR CORAL GABLES FL  TITLE NAME STREET ADDRESS CITY-S1-2IP  OLONGE DE LEON BLVD. SUITE 700 MIAMI FL 33134  CITY-S1-2IP  OLONGE DE LEON BLVD. SUITE 700 MIAMI FL 33134  OLONGE DE LEON BLVD. SU	MIAMI FL			City			FI	Zip Cod	e			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change A  TITLE Change	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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  P. Election Campaign Financing Trust Fund Contribution  Added to Fees											
NAME SITREET ADDRESS CITY-ST-ZIP TITLE TOWNSTREET ADDRESS CITY-ST-ZIP TITLE TOWNSTREET ADDRESS CITY-ST-ZIP TITLE TOWNSTREET ADDRESS CITY-ST-ZIP TITLE TOWNSTREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DIELE DIELE DIELE TITLE DIELE DI	10.	OFFICERS AND DIRECTORS 11.					AD	DITIONS/CHANGES TO OFFICERS	AND D	IRECTORS	5 IN 11	
MOLONEY, ADRIAN 901 PONCE DE LEON BLVD 7TH FLOOR CORAL GABLES FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	NAME STREET ADDRESS CITY-ST-ZIP	LIERMAN, PAUL 901 PONCE DE LEON BLVD 70 CORAL GABLES FL 33134	0		NAME STREE CITY-	ET ADDRESS ST-ZIP					Addition	
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STREET ADDRESS CITY-ST-ZIP  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 informal 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 directly 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 10 or Block changed, or on an attachment with an applicase with all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	n this filing o		NAME STREE CITY-	T ADDRESS ST-ZIP	Section	119.07(3)(i), Florida Statutes. I furth			Addition	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 23 2003

305-444-6811

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