

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90118 030 \*\*\*150.00

**DOCUMENT # P99000008746**

1. Entity Name

**CHEROKEE ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

7975 NW 154TH ST. SUITE 310A  
 MIAMI LAKES FL 33016

7975 NW 154TH ST. SUITE 310A  
 MIAMI LAKES FL 33016-5849

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

65-0891158

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

00000071



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANKLIN, CHRISTINE**  
 140 SW 91ST ST., #204  
 PLANTATION FL 33016

Name  
**Christine Franklin**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4285 Pine Ridge Court**

City **Weston** FL Zip Code **33331**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CUEVAS, GABINO	7975 NW 154TH ST. SUITE 310A	MIAMI LAKES FL 33016	<input type="checkbox"/>
D	FRANKLIN, CHRISTINE	140 SW 91ST ST., #204	PLANTATION FL 44424	<input type="checkbox"/>
D	SANCHEZ, ALEX	7975 NW 154TH ST. SUITE 310A	MIAMI LAKES FL 33016	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP/S/D	Cuevas, Gabino	7975 N. W. 154 Street, Suite 310A	Miami Lakes, FL 33016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/D	Franklin, Christine	7975 N. W. 154 Street, Suite 310A	Miami Lakes, FL 33016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP/T/D	Sanchez, Alex	7975 N. W. 154 Street, Suite 310A	Miami Lakes, FL 33016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

*Christine Franklin* 1/4/00 305-828-3353

CR2E034 (9/99)