

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 674164

1. Entity Name

CHAPMAN MARSHALL, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90058 007 ***150.00

Principal Place of Business

7440 S.W. 117TH ST.
C/O CHAPMAN MARSHALL
MIAMI FL 33156

Mailing Address

7440 S.W. 117TH ST.
C/O CHAPMAN MARSHALL
MIAMI FL 33156-4558

2. Principal Place of Business

7440 SW 117 St.

3. Mailing Address

7440 SW 117 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O Chapman Marshall

C/O Chapman Marshall

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

33156

USA

Zip

Country

33156

USA

6. Name and Address of Current Registered Agent

MARSHALL, CHAPMAN
7440 S.W. 117TH ST.
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

TITLE VP
NAME MARSHALL, MARGARET
STREET ADDRESS 11233 SW 111 STREET
CITY-ST-ZIP MIAMI FL 33176

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

3/10/00 (305) 235-1125

CR2000 (9.00)