

2000 UNIFORM BUSINESS REPORT (UBR)

000491 AF

DOCUMENT # **A30285**

1. Entity Name

CSM INVESTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

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Principal Place of Business
660 NORTHEAST 95TH STREET
MIAMI SHORES FL 33138

Mailing Address
660 NORTHEAST 95TH STREET
MIAMI SHORES FL 33138-2758

2. Principal Place of Business

3. Mailing Address
734 NE 119 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Biscayne Park FL 33161

4. FEI Number 65-0209879

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, CHESTER H.
660 NORTHEAST 95TH STREET
MIAMI SHORES FL 33138

Name

Street Address (P.O. Box Number is Not Acceptable)

734 NE 119 St.
City Biscayne Park

FL

Zip Code 33161

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. Capital Contributions as Shown on record. \$372,400.00

10. Amount of Capital Contributions in FLORIDA to date. 372,400.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # V06976
NAME SJCH INVESTMENTS, INC.
STREET ADDRESS 660 N.E. 95TH STREET
CITY - ST - ZIP MIAMI SHORES FL 33138

STREET ADDRESS 734 NE 119 St.
CITY - ST - ZIP Biscayne Park, FL 33161

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Chester H. Morris

305-
895-1103
4/10/00
Date Daytime Phone #