

2001 UNIFORM BUSINESS REPORT (UBR)

0005449 AF

DOCUMENT # **A30285**

1. Entity Name

CSM INVESTMENTS, LTD.

FILED

01 MAR 12 PM 12:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**660 NORTHEAST 95TH STREET
MIAMI SHORES FL 33138**

Mailing Address

**734 NE 119 STREET
BISCAYNE FL 33161**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

734 NE 119 Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Biscayne Park, FL

City & State

4. FEI Number

65-0209879

Applied For

Not Applicable

Zip

33161

Country

Dade

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, CHESTER H.
734 NE 119 ST.
BISCAYNE FL 33161**

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. Capital Contributions
as Shown on record.

\$372,400.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # **V06976**
NAME **SJCH INVESTMENTS, INC.**
STREET ADDRESS **734 NE 119 ST.**
CITY-ST-ZIP **BISCAYNE FL 33161**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**800003853968--2
-03/15/01--01050--025
****526.25 ****526.25**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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STREET ADDRESS

CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Chester H. Morris

Date

Daytime Phone #

2/22/01
305-757-2657

CR2E003 (11/00)