

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/13

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90114 003 \*\*\*150.00

**DOCUMENT # F99000003003**

1. Entity Name

**CHAPMAN FREEBORN AMERICA INC.**

Principal Place of Business

1003 VIRGINIA AVE., STE 205  
 ATLANTA GA 30354

Mailing Address

1003 VIRGINIA AVE., STE 205  
 ATLANTA GA 30354

2. Principal Place of Business

**3420 Norman Berry Drive**

Suite, Apt. #, etc.

**Suite 150**

City & State

**Atlanta, GA**

Zip

**30354**

Country

**USA**

3. Mailing Address

**3420 Norman Berry Drive**

Suite, Apt. #, etc.

**Suite 150**

City & State

**Atlanta, GA**

Zip

**30354**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**58-2181052**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**O'CONNOR, PAUL**  
**7270 NW 12TH STREET, STE 150**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **Edward Berrios**

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

**7270 NW 12th Street, Ste 150**

City **Miami**

FL

Zip **33126**

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, 2001 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 **PD** ☐ Delete

NAME **BATLIWALA, RUSSI**  
 STREET ADDRESS **1003 VIRGINIA AVE., STE 205**  
 CITY-ST-ZIP **ATLANTA GA**

TITLE **VD** ☐ Delete

NAME **STEINER, HAROLD**  
 STREET ADDRESS **1003 VIRGINIA AVE., STE 205**  
 CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **3420 Norman Berry Drive, Ste 150**  
 STREET ADDRESS **Atlanta, GA 30354**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **3420 Norman Berry Drive, Ste 150**  
 STREET ADDRESS **Atlanta, GA 30354**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

**Harold Steiner, V.P.**

**3-19-01**

**404.765.0057**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)