

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G34567

1. Entity Name

CHATHAM DEVELOPMENT CORPORATION

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90003 028 \*\*\*150.00

Principal Place of Business

Mailing Address

3910 N. 56TH AVE  
STE 102  
HOLLYWOOD FL 33179  
US

3910 N. 56TH AVE  
STE 102  
HOLLYWOOD FL 33021-1638  
US

2. Principal Place of Business

3910 N 56 AVE.  
Suite, Apt. #, etc.  
103

3. Mailing Address

3910 N 56th AVE  
Suite, Apt. #, etc.  
103



DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number

59-2291790

Applied For

Not Applicable

Zip

33021

Country

Zip

33021

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARLMAN, PHILIP  
20001 NE 21 CT.  
NORTH MIAMI BEACH FL 33179

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

*Philip Pearlman*

4/13/00

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 P ☐ Delete  
NAME PEARLMAN, PHILIP  
STREET ADDRESS 20001 NE 21 CT.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SV ☐ Delete  
NAME PEARLMAN, ANITA T  
STREET ADDRESS 20001 NE 21 CT.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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:

*Philip Pearlman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/000  
Date

954-893-3983  
Daytime Phone #

PHILIP PEARLMAN

CR2E034 (9/99)