2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G34567 **DOCUMENT #**

1. Entity Name

CHATHAM DEVELOPMENT CORPORATION



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90260 025 ***150.00

				WE IF			
Principal Plac	ce of Business	Mailing Address					
3910 N. 56TH		3910 N. 56TH AVE					
STE 103		STE 103					
HOLLYWOOD	FL 33021	HOLLYWOOD FL 330)21		A PROBLEM NOBEL MARKE MARKE MARKE CHARLES AND ALLOW BARD	1 11111 11111 1	1881 B1881 1881
US		US					1811 61811 185 1
2. Principal P	Place of Business	3. Mailing Address				T BIRTH BIRTH O	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
						1 1	
City & State		City & State			59-2291790		oplied For ot Applicable
Zìp	Country Zip Co		Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required		
	S. Name and Address of Current I	Pagistagad Agant			7. Name and Address of New Registered Ag		:0
	6. Name and Address of Current I	negistered Agent		Name	1. Name and Address of New Registered As	jent	
PEARLMAN, PHILIP				rame	· · · · · · · · · · · · · · · · · · ·		
		Street Address		Street Address	(P.O. Box Number is Not Acceptable)		
3910 N 56TH AVE							
STE 103							
HOLLYWO	OOD FL 33021	City		City	FL	Zip Cod	e
9 The chave	a named antity submits this statement for	r the purpose of changin	a ite registere	d office or regist	ered agent, or both, in the State of Florida. I am fa	miliar with	and accept
	tions of registered agent.	The purpose of changing	ig its registere	d office of fegisa	ered agent, or both, in the state or Honda. I am ia	CHIDICAL WILLIA	and accept
1110 001190							
SIGNATURE	Signature, typed or printed name of registered agent a	and the Manager to the	(NOTE: Desistance	4 4 4	red when reinstating) DATE		
	Signature, typed or printed name or registered agent a	ind title if applicable.	(NOTE. negistered	d Agent signature requir	ed when renstating)		
	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing	\$5.0	10 May Da
Afte	r May 1, 2003 Fee will be \$550.00				Trust Fund Contribution.		00 May Be
Make Check	k Payable to Florida Department of	State					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITLE			Change	☐ Addition
NAME	PEARLMAN, PHILIP		NAME	:			
STREET ADDRESS	3910 N 56TH AVE STE 103		STRE	ET ADDRESS			}
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-	·ST-ZIP			}
TITLE	SV	☐ Delete	TITLE			Change	☐ Addition
NAME	PEARLMAN, ANITA T		NAME	:			}
STREET ADDRESS	20001 NE 21 CT.		STRE	ET ADDRESS			ļ
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		CITY-	-ST-ZIP			}
TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
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TITLE	I .	☐ Delete	TITLE			Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

WA EPhilip Pearlman 9