

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J89206

1. Entity Name
CHELSEA INFORMATION SYSTEMS, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90177 029 ***150.00

Principal Place of Business

Mailing Address

1845 UNIVERSITY DRIVE
POMPANO BEACH FL 33071
US

7703 N.W. 74TH TERRACE
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

1845 University Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs FL

Zip

Country

Zip

Country

33071

US

4. FEI Number 59-2841808

Applied For

Not Applicable

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

POTASH, RICHARD J.
190 NE 199 STREET SUITE 204
MIAMI FL 33179

Name
Potash, Richard J.
Street Address (P.O. Box Number is Not Acceptable)
300 SW 82 Avenue
Suite 415
City Plantation FL Zip Code 33324

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D MARGOLIN, LESTER 7625 LIVE OAK DRIVE POMPANO BEACH FL 33065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lester Margolin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01
Date

954-227-3152
Daytime Phone #

CR2E034 (10/00)