## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 29, 2000 8:00 am Secretary of State DOCUMENT # **K17447** 1. Entity Name AMERCHEM ENTERPRISES, INC. 04-29-2000 90031 001 \*\*\*450 00 Mailing Address Principal Place of Business % SUSAN CAVALIERE % SUSAN CAVALIERE 1028 NE > SUSAN CAVALIERE 3601 W. COMMERCIAL BLVD., SUITE 7 3601 W. COMMERCIAL BLVD., SUITE 7 Oakland Park, FI 33334 FT LAUDERDALE FL 33309 FT LAUDERDACE FL 33309-3320 2. Principal Place of Business 3. Mailing Address 1028 N.E. 4510 Street 45455 1028 N DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Dak Applied For City & State 4. FEI Number City & State NOT APPLICABLE oaklend PlonicA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BROWARD Browald Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent CAVALIERE, SUSAN Street Address (P.O. Box Number 1028 NE 45" Street 3601 W. COMMERCIAL BLVD. Oakland Park, FI 33334 SUITE 7 FT LAUDERDALE FL 33309 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. DATE (NOTE: Registered Agent signature required FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Cavaliere, Susan 1028 N.E. 454 Street ☐ Addition PTD Change ☐ Delete TITLE TITLE NAME CAVALIERE, SUSAN NAME oakland Park, FloridA333 3601 W. COMMERCIAL BLVD. #7 STREET ADDRESS STREET ADDRESS ft lauderdäle fl 33309 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 1028 NE 45th Street NAME NAME STREET ADDRESS STREET ADDRESS Oakland Park, Fl 33334 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: