

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90140 040 \*\*\*158.75

UCV1022

**DOCUMENT # K57883**

1. Entity Name  
**CHISHOLM BROTHERS, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>1875 NE 168TH ST.<br/>         N. MIAMI BEACH FL 33162<br/>         US</b> | Mailing Address<br><b>1875 NE 168TH ST.<br/>         N. MIAMI BEACH FL 33162<br/>         US</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip Country   | Zip Country                               |



DO NOT WRITE IN THIS SPACE

|   |   |  |
|---|---|--|
| 4. FEI Number<br><b>65-0096791</b>                                      | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required   |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>GOLD, STUART M<br/>         1570 MADRUGA AVE STE 211<br/>         SUITE 455<br/>         CORAL GABLES FL 33146</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City 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 \_\_\_\_\_ (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. <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPS<br/>CHISHOLM, DAVID G.<br/>5400 SW 19 ST<br/>W. HOLLYWOOD FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: David Chisholm DATE: 4/4/01 CALLING PHONE #: 305-693-7633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)