

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012294

1. Entity Name

CHINELY MARKETING SERVICES, LLC

Principal Place of Business

Mailing Address

7869 PINES BOULEVARD
PEMBROKE PINES FL

7869 PINES BOULEVARD
PEMBROKE PINES FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc:

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65 1058848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHINELLY, JIM
7869 PINES BOULEVARD
PEMBROKE PINES FL

33024

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33024

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ~~MANAGER~~ ☐ Delete
NAME James A Chinelly
STREET ADDRESS 7869 Pines Blvd
CITY-ST-ZIP Pembroke Pines FL 33024

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 700004420117--9
STREET ADDRESS -06/14/01--01071--013
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4901 954
963 777

CR2E083 (11/00)

0007100 AF

FILED
01 MAY 29: PM 3: 53
SECRETARY OF STATE
TREASURY DEPT. FLORIDA



DO NOT WRITE IN THIS SPACE