

2000 UNIFORM BUSINESS REPORT (UBR)

0004262 AF

DOCUMENT # L98000000520

1. Entity Name

CHAPMAN & SONS, L.C.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7820 N.W. 62ND STREET
MIAMI FL 33166

Mailing Address

7820 N.W. 62ND STREET
MIAMI FL 33166-3539

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

65-0836428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPMAN, RAFAEL E
7820 N.W. 62ND STREET
MIAMI FL 33166

Name

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

City

FL

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

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

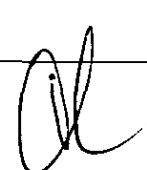
9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM CHAPMAN, RAFAEL E
STREET ADDRESS 13780 S.W. 38 STREET
CITY- ST- ZIP MIAMI FL 33175 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 9000003142719--9
CITY- ST- ZIP -02/22/00--01043--019
*****50.00 ☐ Change ☐ Addition

TITLE NAME MGRM CHAPMAN, RALPH A
STREET ADDRESS 8543 N.W. 198 STREET
CITY- ST- ZIP MIAMI FL 33015 ☐ Delete

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

TITLE NAME MGRM CHAPMAN, RUDY
STREET ADDRESS 20343 N.W. 36 AVENUE
CITY- ST- ZIP MIAMI FL 33056 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

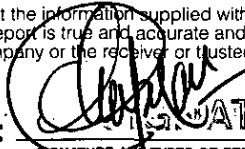
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

01/18/2000 (305) 591-0009

Date

Daytime Phone #

CR2E083 (9/99)