

# 2001 UNIFORM BUSINESS REPORT (UBR)

0142568 SP

DOCUMENT # P00000004522

1. Entity Name

EAST COAST MAYHEM, INCORPORATED

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 11 PM 3:45

Principal Place of Business

565 DESOTO DRIVE  
MIAMI FL 33166

Mailing Address

565 DESOTO DRIVE  
MIAMI FL 33166

9401 NW 109 ST Bay #1  
Medley, FL 33178



2. Principal Place of Business

~~9092 NW South River Dr.~~

3. Mailing Address

~~9092 NW South River Dr.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~Medley, FL~~

City & State

~~Medley, FL~~

Zip

~~33166~~

Country

US

Zip

~~33166~~

Country

US

REINSTATEMENT

4. FEI Number

65-1079070

Applied For

Not Applicable

5. Certificate of Status Desired

~~SP~~ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLEASBY, RICHARD F  
565 DESOTO DRIVE  
MIAMI FL 33166

7. Name and Address of New Registered Agent

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]*

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

(NOTE: Registered Agent signature required when reinstating)

7/25/01

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEASBY, RICHARD F 565 DESOTO DRIVE MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/D JOSE L. PEREIRA 11441 SW 28 ST. MIAMI- FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*[Signature]* RICHARD F. CLEASBY 7/25/01 305-885-0152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (5/01)