

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90324 024 ***150.00

DOCUMENT # P00000060434

1. Entity Name
CHARGEOFF CHAMPS, INC.

Principal Place of Business

321 SW 77 AVE.
 N. LAUDERDALE FL 33068

Mailing Address

321 SW 77 AVE.
 N. LAUDERDALE FL 33068

2. Principal Place of Business

4699 N. STATE RD. 7

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FRIEDMAN, JASON
 321 SW 77 AVE.
 N. LAUDERDALE FL 33068

4. FEI Number

65-1018554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name **JASON A. FRIEDMAN**

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

4699 N. STATE RD. 7 STE T

City **JAMAICA**

FL

Zip Code

33319

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 **JASON A. FRIEDMAN, Pres.**

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

(NOTE: Registered Agent signature required when reinstating)

1/31/01
 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **PD** ☐ Delete
 NAME **FRIEDMAN, JASON**
 STREET ADDRESS **500 N. CONGRESS AVENUE, #C-208**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE **VPD** ☐ Delete
 NAME **RIVERA, RICARDO D**
 STREET ADDRESS **321 SW 77 AVE.**
 CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)