

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90110 002 ***550.00

0025798 AY

DOCUMENT # P00000094539
 1. Entity Name
CHEER FLORIDA, INC.

Principal Place of Business Mailing Address
15455 NW 12TH COURT **15455 NW 12TH COURT**
PEMBROKE PINES FL 33028 **PEMBROKE PINES FL 33028**

(LA)



2. Principal Place of Business 3. Mailing Address
1909 NW 40TH CT **15455 NW 12TH CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
POMPANO BEACH, FL **PEMBROKE PINES, FL**
 Zip Country Zip Country
33064 **U.S.A.** **33028** **U.S.A.**

4. FEI Number Applied For
65-1052551 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GOLDSTEIN, ROBERTO
15455 NW 12TH COURT
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent
 Name **GoldSTEIN, ROBERT**
 Street Address (P.O. Box Number is Not Acceptable)
15455 NW 12TH CT
 City **PEMBROKE PINES** FL Zip Code **33028**

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 *Robert Goldstein* **ROBERT GOLDSTEIN (PRESIDENT)** DATE **7/3/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PT GOLDSTEIN, ROBERT 15455 NW 12TH COURT PEMBROKE PINES FL 33028 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

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 another like empowered.

SIGNATURE: *Robert Goldstein* **ROBERT GOLDSTEIN** DATE **7/3/01** DAYTIME PHONE # **(954) 673-0856**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)