

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90171 035 ***150.00

DOCUMENT # P02000033320

1. Entity Name
CHESTNUT FINANCIAL SERVICES INC.



Principal Place of Business
**16900 NORTH BAY ROAD #1011
SUNNY ISLES BEACH FL 33160**

Mailing Address
**16900 NORTH BAY ROAD #1011
SUNNY ISLES BEACH FL 33160**



2. Principal Place of Business
509 NE 38TH STREET
Suite, Apt. #, etc.

3. Mailing Address
509 NE 38TH STREET
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL
Zip
33137 Country
DADE

City & State
MIAMI FL
Zip
33137 Country
DADE

4. FEI Number
01-0622684 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLUMBERG, RICHARD
16900 NORTH BAY ROAD #1011
SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

Name: **ROBERT L. SORKIN**
Street Address (P.O. Box Number is Not Acceptable)
509 NE 38TH STREET
City **MIAMI** FL Zip Code **33137**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

4-23-03 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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PRESIDENT
ROBERT L. SORKIN
509 NE 38TH STREET
MIAMI, FL 33137

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date

Daytime Phone #

CR2E034 (10/02)