

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90034 015 ***150.00

DOCUMENT # P94000005625



1. Entity Name
TERRY CHEMTOV AND ASSOCIATES, INC.

Principal Place of Business
**3525 MAGELLAN CIRCLE
#627
AVENTURA FL 33180
US**

Mailing Address
**3525 MAGELLAN CIRCLE
#627
AVENTURA FL 33180
US**



2. Principal Place of Business

20533 Biscayne Blvd.

Suite, Apt. #, etc.

PMB # 404

City & State
Aventura FL 33180

Zip
33180

Country

USA

3. Mailing Address

20533 Biscayne Blvd.

Suite, Apt. #, etc.

PMB # 404

City & State
Aventura FL

Zip
33180

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0461934**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHEMTOV, TERRY
3525 MAGELLAN CIRCLE
#627
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **Terry Chemtov**

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

20533 Biscayne Blvd.

PMB # 404

City **Aventura**

FL

Zip Code
33180

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)

DATE

1-5-03

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

TITLE **PVTS** ☐ Delete
NAME **CHEMTOV, TERRY**
STREET ADDRESS **3525 MAGELLAN CIRCLE, #627**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **20533 Biscayne Blvd PMB 404 #**
CITY-ST-ZIP **Aventura FL 33180**

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

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

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

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

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

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 **Terry Chemtov**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-03 305-705-0301

CR2E034 (10/02)