

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073842

1. Entity Name

AMERICAN CHEMICAL CORPORATION

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90040 018 \*\*\*150.00

Principal Place of Business

Mailing Address

2061 SW 70 AVE  
STE F-17  
DAVIE FL 33317  
US

2061 SW 70 AVE  
STE F-17  
DAVIE FL 33317-7345  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0615926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONOUGH, JEANNINE  
2061 SW 70TH AVE., STE. F-17  
DAVIE FL 33317

Name

GERRI BRAUSER

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

2061 S.W. 70TH AVE. STE. F-17

City

DAVIE

FL

Zip Code

33317

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

GERRI BRAUSER PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BRAUSER, GERRI	
STREET ADDRESS	6221 SW 14TH ST.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRAUSER, RALPH	
STREET ADDRESS	6221 SW 14TH ST.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCDONOUGH, JEANNINE	
STREET ADDRESS	1330 NW 78TH AVE.	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

GERRI BRAUSER PRES. 2-4-00 954-723-0975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)