

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 91103 033 ***150.00

DOCUMENT # P95000073842

1. Entity Name

AMERICAN CHEMICAL CORPORATION

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
US**

2. Principal Place of Business

3. Mailing Address

2061 S.W. 70TH AVENUE

2061 S.W. 70TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE # F-15

STE # F-15

City & State

City & State

DAVIE FL

DAVIE, FL.

Zip

Country

33317

US

Zip

Country

33317

US

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

BRAUSER, GERRI

**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 AVENUE

STE # F-15

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

Geri Brauser, Pres.

4-24-01

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

(NOTE: Registered Agent signature required when reinstating)

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

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	Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERRI BRAUSER	
STREET ADDRESS	2061 S.W. 70TH AVE. STE # F-15	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	VICE PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH BRAUSER	
STREET ADDRESS	2061 S.W. 70TH AVE. STE # F-15	
CITY-ST-ZIP	DAVIE, FL 33317	
TITLE	Sec/TRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEANNINE MCDONOUGH	
STREET ADDRESS	2061 S.W. 70TH AVE. STE # F-15	
CITY-ST-ZIP	DAVIE, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Geri Brauser Pres. 4-24-01 954 733-0975

CR2E034 (10/00)