

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022957

1. Entity Name

CHS ELECTRONICS, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90187 021 ***150.00

0215067

Principal Place of Business

760 NW 107TH AVENUE
SUITE 100
MIAMI FL 33172
US

Mailing Address

760 NW 107TH AVENUE
SUITE 100
MIAMI FL 33172
US

2. Principal Place of Business

50 Hurt Plaza

3. Mailing Address

50 Hurt Plaza

Suite, Apt. #, etc.

Suite 1700

Suite, Apt. #, etc.

Suite 1700

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30303

Country

Fulton

Zip

30303

Country

Fulton

4. FEI Number

87-0435376

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

EMMER, BURTON
760 NW 107TH AVE SUITE 100
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

Jordi Guso

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

200 S. Biscayne Blvd.

Suite 2950

City

Miami

FL

Zip Code

33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/01

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

TITLE P ☒ Delete
NAME OSORIO, CLAUDIO
STREET ADDRESS 15 WEST STAR ISLAND DR
CITY-ST-ZIP MIAMI FL 33139

TITLE CT ☒ Delete
NAME TOLL, CRAIG
STREET ADDRESS 11906 SW 54 STE
CITY-ST-ZIP COOPER CITY FL 33330

TITLE S ☒ Delete
NAME BOCCALANDRO, ANTONIO
STREET ADDRESS 8200 LOS PINOS BLVD
CITY-ST-ZIP CORAL GABLES FL 33143-6459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Responsible Person for CHS ☒ Change ☐ Addition
NAME Electronics, Inc.
STREET ADDRESS Keith F. Cooper
CITY-ST-ZIP 50 Hurt Plaza, Ste. 1700 Atlanta, GA 30303

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Keith F. Cooper

KEITH F. COOPER, RESPONSIBLE PERSON 3/19/01

678-419-8809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)