

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072406

1. Entity Name

CHESTNUT ELECTRIC CO.

Principal Place of Business

9362 S.W. 35TH STREET
MIAMI FL 33165

Mailing Address

9362 S.W. 35TH STREET
MIAMI FL 33165-4116

2. Principal Place of Business

19240 SW 207 AVE

Suite, Apt. #, etc.

3. Mailing Address

19240 SW 207 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33187

Country

U.S.

Zip

33187

Country

U.S.

4. FEI Number

65-0712365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIFFORD, ARTHUR W ESW.
1385 N.W. 15TH STREET
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE PD
NAME WHEELER, ROGER S
STREET ADDRESS C/O 1385 N.W. 15TH STREET
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE VSTD
NAME WHEELER, EDITH L
STREET ADDRESS C/O 1385 N.W. 15TH STREET
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

ROGER S. WHEELER

Date

24 Jan 00

Daytime Phone #

786-293-9500

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE