

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042233

1. Entity Name

~~MCMANN AND TATE, INC.~~ **CHISHOLM ADVERTISING & COLLATERAL**

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90079 006 ***150.00

Principal Place of Business

7160 SW 47TH STREET
MIAMI FL 33155

Mailing Address

7160 SW 47TH STREET
MIAMI FL 33155-4654

2. Principal Place of Business

7254 SW 48 STREET
Suite, Apt. #, etc.

3. Mailing Address

7254 SW 48 STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **MIAMI FLORIDA**

Zip **33155** Country **USA**

City & State **MIAMI FLORIDA**

Zip **33155** Country **USA**

4. FEI Number **65-0816102**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GOLDMAN, MATT D ESQ
1450 MADRUGA AVE
STE 203
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name **MARIO S. CANO, ESQ**
Street Address (P.O. Box Number is Not Applicable) **2121 POME DE LEON BLVD.**
SUITE 600
City **CORAL GABLES** FL Zip Code **33134**

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 **Mario S. Cano** DATE **4/20/00**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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** ☒ Delete
NAME **SAPP, MICHAEL**
STREET ADDRESS **7160 SW 47TH ST**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **PRESIDENT-OWNER** ☐ Change ☒ Addition
NAME **ALFRED CHISHOLM**
STREET ADDRESS **7254 SW 48 STREET**
CITY-ST-ZIP **MIAMI FLORIDA 33155**

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

TITLE ☐ Change ☐ Addition
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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: **ALFRED CHISHOLM** DATE **04.20.00** Daytime Phone # **305.661.1781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)