

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094748

1. Entity Name

CHRIS CAMPBELL INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90185 034 ***150.00

Principal Place of Business

Mailing Address

8040 SW 132 STREET
MIAMI FL 33156

8040 SW 132 STREET
MIAMI FL 33156-6720

2. Principal Place of Business

3. Mailing Address

25850 SW 193 Ave

25850 SW 193 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Homestead, FL.

Homestead, FL.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0794068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip 33031

Country USA

Zip 33031

Country USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, CHRIS
8040 SW 132 STREET
MIAMI FL 33156

Name Chris Campbell Lane

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

25850 SW 193 Ave.

City Homestead, FL Zip 33031

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, CHRIS 8040 SW 132 STREET MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chris Campbell Lane 25850 SW 193 Ave. Homestead, FL 33031	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2000
305 248 4457

CR2E034 (9/99)