2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017941 1. Entity Name

CHAMAN-TI, INC.

Principal Place of Business Mailing Address DISCOUNT MARKET DJ DISCOUNT MARKET

II S DILLARD ST 66 S DILLARD ST GARDEN FL 34787 WINTER GARDEN FL 34787-3117

FILED Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90072 011 ***150.00



Suite, Apt. #, etc. City & State			3. Mailing Address Suite, Apt. #, etc. City & State				DO NOT WRITE IN THIS SPACE						
						4. FEI	4. FEI Number 59-3495101				Applied For Not Applicable		
Zip		Country	Zip	Coun	try	5. Cer	5. Certificate of Status Desired			\$8.75 Fee Req	75 Additional Required		
	6. Name	and Address of Curren	t Registered Agent			7. Nan	ne and Add	ress of New	Registered	d Agent			
					Name								
1920	TAN, MOHA) ISLAND C SIMMEE FL	IRCLE #202		Street Address (P.O. Box Number is Not Acceptable)									
					City				F	L Zip C	Code		
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NO After MAY 1,					d Agent signature rec IS \$150.00 will be \$550.1		10. Election	Campaign F		\$	5.00 l	May Be Fees	
(See crite	ria on back)		Make Check Payal	ble to De	epartment of		-						
1.	1.0	OFFICERS ANI		12.		ADDI	IONS/CHA	NGES TO OF	FICERS AN				
tle Ame Treet address Ty-St-Zip	66 S DILL	MOHAMMAD T LARD ST GARDEN FL 34787	☐ Delete							☐ Chan	ge [Addition	
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AME Treet address ITY-ST-ZIP	- <u>-</u>	· · · · · · · · · · · · · · · · · · ·	OGRIGIE	NAM STRE			-				a- L	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TLE AME TREET ADDRESS ITY-ST-ZIP			☐ Delete							☐ Chan	ge [Addition	
TLE AME TREET ADDRESS ITY-ST-ZIP	,		☐ Delete	TITLI NAM STRE		<u>, ,</u>		•		☐ Chan	ge [Addition	
TLE AME TREET ADDRESS			☐ Delete	TITU NAM STRE						☐ Chan	ge [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, for on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

☐ Delete

407656-1551

☐ Change

Addition