## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P99000057199 RICHARD CHALMERS, P.A. 04-02-2001 90475 021 \*\*\*150.00 Principal Place of Business Mailing Address 17071 WEST DIXIE HIGHWAY 17071 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 639880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0930410 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD CHALMERS, CHALMERS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2843 S BAYSHORE DRIVE UNIT NO. 15F COCONUT GOVE FL 33133 4042 DOUGLAS ROAD Zip Code 33133 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 March 28, 2001 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DIRECTOR / PRESIDENT CR2E034 (10/00) Change Change TITLE ☐ Delete TITLE CHALMERS , RICHARD ESQ CHALMERS, RICHARD ESQ NAME NAME 4042 DOUGLAS ROAD STREET ADDRESS STREET ADDRESS 2843 S BAYSHORE DRIVE UNIT NO 15F COCONUT GROVE, FL CITY-ST-ZIP 33133 CITY-ST-7IP COCONUT GROVE FL 33133 ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change | TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

March 28, 2001