## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000074151

FILED

12 MIG - 1 PM 2: 1.6

1. Entity Nar Char	Entity Name Char-Hut Holdings Group of America, Inc.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	DO NOT WRITE	IN THIS SI	PACE				
2. Principal Place of Business 3500 SW 116th Avenue 3500 SW 116  Suite, Apt. #, etc. 3. Mailing Address 3500 SW 116  Suite, Apt. #, etc.			oth Avenue	n Avenue  DO NOT WRITE IN THIS SPACE		PACE	
City & State City & State  Davie, Florida Davie, Flori			rida	4. FEI Number 6510787	767	Applied For Not Applicable	
<sup>Zip</sup> 33333	O Country USA	<sup>Zip</sup> 33330	Country USA	5. Certificate of Sta	F	\$8.75 Additional Fee Required	
	DO NOT WI	·	Street Addres 2 East	enda Hamilton, Esq. st Address (P.O. Box Number is Not Acceptable)  East Camino Real Suite 202			
	a named entity submits this statement for Brenda Hamilton Signature, typed or printed name of registered agent an		registered office of regis	tered agent, or both, in t		8/1/02	
Tax filing requirement and elects to do so.  After May 1, Amended			lay 1 Fee is \$150.00 1, Fee is \$550.00 d UBR is \$61.25 ble to Department of \$	Trust Fur	Campaign Financing nd Contribution.	\$5.00 May Be Added to Fees	
11.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-7IP	P/D Anthony Cammisa 3500 SW 116th Avenue Davie, Florida 33330		TITLE NAME STREET ADDRESS CHY-SI-7IP TITLE NAME STREET ADDRESS CHY-SI-7IP	9000069536291 -08/07/0201071031 *****70.50 *****70.50			
MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Katherina Cammis 3500 SW 116th Av Davie, Florida	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Judith Cammisa 3500 SW 116th Av Davie, Florida D Frank O'Donnell 3500 SW 116th Av	<del>33330</del>	ITILE NAMF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				

indicated on this report of supplemental report is true and accurate and that my signature shall have used to same legal effect as if made under eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 1

Anthony Cammisa

Date

8/1/02 561-416-8956

Daytime Phone #

g 8/2/02