

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90094 021 ***150.00

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DOCUMENT # P99000074151

1. Entity Name
CHAR-HUT HOLDINGS GROUP OF AMERICA, INC.



Principal Place of Business
**3500 SW 116TH AVENUE
DAVIE FL 33330**

Mailing Address
**3500 SW 116TH AVENUE
DAVIE FL 33330**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1078767**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAMILTON, BRENDA ESQ
2 EAST CAMINO REAL, SUITE 202
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **Anthony Cammisa**
Street Address (P.O. Box Number is Not Acceptable)
3500 SW 116 Ave
DAVIE FL
City **FL** Zip Code **33330**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P D	<input type="checkbox"/> Delete
NAME	CAMMISA, ANTHONY	
STREET ADDRESS	3500 SW 116TH AVENUE	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMMISA, KATHERINA	
STREET ADDRESS	3500 SW 116TH AVENUE	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAMMISA, JUDITH	
STREET ADDRESS	3500 SW 116TH AVENUE	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'DONNELL, FRANK O	
STREET ADDRESS	3500 SW 116TH AVENUE	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMMISA, JOSEPH	
STREET ADDRESS	3500 SW 116TH AVENUE	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-03 954-472-3330

CR2E034 (10/02)