2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am Secretary of State DOCUMENT # 242270 1. Entity Name CHATHAM COURT, INC. 01-23-2002 90065 050 ***150.00 Principal Place of Business Mailing Address 2915 MONROE ST $\# \Psi$ 2915 MONROE ST サゲ HOLLYWOOD FL 33020-4752 HOLLYWOOD FL 33020-4752 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1118562 Not Applicable Zip Country 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 SKARADA, EVA Street Address (P.O. Box Number is Not Acceptable) 2915 MONROE STREET #1 HOLLYWOOD FL 33020 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Addition Delete PRESIDENT BAUEL NAME BAUER, WALTER NAME GEORGE Q 15 MONROR STREET STREET ADDRESS 2915 MONROE STREET STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD VICE PRESI ☐ Delete ☐ Addition TITLE ☐ Change TITLE SKARADA, EVA NAME NAME STREET ADDRESS 2915 MONROE STREET #1 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP SEC RETARY TITLE ☐ Delete TITLE JAYNE NAME BAUER, GEORGE NAME 2915 MONROG STREET STREET ADDRESS STREET ADDRESS 2915 MONROE STREET CITY-ST-ZIP CITY-ST-ZIP 170 LLY W1000 HOLLYWOOD FL TREASURER TITLE TITLE ☐ Delete CANYILLE 1 2915 MONROR BAUER, CAMILLE NAME NAME STREET ADDRESS 2915 MONROE STREET #4 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

954-920-152

Daytime Phone #

FILED