203/NOT

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737748
Entity Name
CHRIS HAVEN. INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 13 AM 11:48

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 729 RIDGE Rd	Suite, Apt. #, etc.: 729 RIDGE ROAD
City & State: LANTANA, FLORIDA	City & State: LANTANA, FLORIDA
Zip: 33462 Country: US	Zip: 33462 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 58-2249243 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARIA C DI TULLIO
Street Address (P.O. Box Number is Not Acceptable): 729 RIDGE ROAD APT #3
City: LANTANA FL Zip Code: 33462

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: [signature] MARIA C DI TULLIO
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP (DIRECTOR) DI TULLIO MARIA C 729 RIDGE ROAD #3 LANTANA FL 33462	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200008604842 10/28/02--01024--016 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PV (DIRECTOR) BISSON, ANDY 729 RIDGE ROAD #5 LANTANA FL 33462	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200008604842 05/13/03--01023--005 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS (DIRECTOR) DOMINGUEZ ROBERTO 729 RIDGE RD, #4 LANTANA, FL, 33462	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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

SIGNATURE: [signature] MARIA C DI TULLIO / (561) 586-9542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: / / — Daytime Phone #

5/12 CR