

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91234 042 ***150.00

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

DOCUMENT # P00000115413
 1. Entity Name
 CHASE ENTERPRISES OF MIAMI INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 CHASE ENTERPRISES OF MIAMI INC
 Suite, Apt. #, etc.
 UNIT C-10
 City & State
 MIAMI BEACH, FL
 Zip 33139 Country USA

3. Mailing Address
 410 WASHINGTON AVE
 Suite, Apt. #, etc.
 UNIT-C-10
 City & State
 MIAMI BEACH, FL
 Zip 33139 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-1062786
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 NISSRIN SIBAI
 Street Address (P.O. Box Number is Not Acceptable)
 710 WASHINGTON AVE
 Unit C-10
 City MIAMI BEACH FL Zip Code 33141

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when transferring)

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 \$81.25
 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
PRESIDENT	ABDUL K. SIBAI	710 WASHINGTON AVE UNIT C-10	MIAMI BEACH, FL 33139
DIRECTOR	NISSRIN SIBAI	710 WASHINGTON AVE UNIT C-10	MIAMI BEACH, FL 33139
REGISTERED AGENT	ABDUL K. SIBAI	710 WASHINGTON AVE UNIT C-10	MIAMI BEACH, FL 33139

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 IN THIS SPACE**

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)(j), 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: _____ 04-27-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #