2000 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2000 8:00 am Secretary of State DOCUMENT # 539600 CHECHY, INC. 02-14-2000 90022 032 ***150.00 Principal Place of Business Mailing Address 7311 SW 108 TERR 7311 SW 108 TERR DAATATIA MIAMI FL 33156-3853 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2346882 Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAN, STEVEN Street Address (P.O. Box Number is Not Acceptable) 7311 SW 108 TERR MIAMI FL 33156 City Zip Code 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME LEWIS, MILTON STREET ADDRESS STREET ADDRESS 8865 S.W. 102ND TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAM! FL Change Addition ☐ Delete TITLE TITLE LEWIS, CECILIA NAME NAME STREET ADDRESS 8865 S.W. 102ND TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE. Change Addition ☐ Delete TITLE DAN, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 7311 SW 108 TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Delete TITLE ☐ Change Addition TITLE NAME DAN, SANDRA STREET ADDRESS STREET ADDRESS 7311 SW 108 TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 □ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ar address, with all other like empowered.

2/7/00 (305)66-833

FILED

Daytime Phone #