

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90064 028 ***150.00

DOCUMENT # 668895

1. Entity Name

K.C. CHATANI, INC.

Principal Place of Business

320 LINCOLN RD.
 MIAMI BEACH FL 33139-3103

Mailing Address

346 LINCOLN ROAD
 MIAMI BEACH FL 33139-3103

856223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

346 Lincoln Road

3. Mailing Address

346 Lincoln Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

59-2012574

Applied For

Not Applicable

Zip

33139

Country

Miami-Dade

Zip

33139

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHATANI, KISHU C.
 346 LINCOLN ROAD
 MIAMI BEACH FL 33139-3103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME PD
 STREET ADDRESS CHATANI, KISHU C.
 CITY-ST-ZIP 320 LINCOLN RD.
 MIAMI BCH. FL

TITLE
 NAME
 STREET ADDRESS 346 Lincoln Road
 CITY-ST-ZIP Miami Beach, FL 33139

TITLE
 NAME SD
 STREET ADDRESS CHATANI, ANJALITA
 CITY-ST-ZIP 320 LINCOLN RD.
 MIAMI BCH. FL

TITLE
 NAME
 STREET ADDRESS 346 Lincoln Road
 CITY-ST-ZIP Miami Beach, FL 33139

TITLE
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 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 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.

SIGNATURE:

Anjalita Chatani
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)