

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002883**

1. Entity Name
CHB HOLDINGS, LTD.

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
10001 S.W. 58TH AVENUE
MIAMI FL 33156

Mailing Address
10001 S.W. 58TH AVENUE
MIAMI FL 33156-2003

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **65-0800375** Applied For
Not Applicable

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

BARED, CARLOS
10001 S.W. 58TH AVENUE
MIAMI FL 33156

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

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **BARED, CARLOS**
STREET ADDRESS **10001 S.W. 58TH AVENUE**
CITY - ST - ZIP **MIAMI FL 33156**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **CARLOS E. BARED**
GENERAL PARTNER
Date: **1-10-00** Daytime Phone #: **305-592-3100**
22315

CR2E003 (9/99)