

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91336 018 ***150.00

DOCUMENT # F01000003052

1. Entity Name

CHAVES PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O Kestral SA, Pausilippe, Ch. Des

Suite, Apt. #, etc.

Trois Portes 11

City & State

2000 Neuchâtel

Zip

Country

Switzerland

3. Mailing Address

506 Louisa Street

Suite, Apt. #, etc.

City & State

Key West, FL 33040

Zip

33040

Country

4. FEI Number

52-2323274

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

Gregory G. Farrelly

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

Catalfomo & Farrelly

506 Louisa Street

City

Key West,

FL

Zip Code

33040

**DO NOT WRITE
IN THIS SPACE**

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)

Gregory G. Farrelly

(NOTE: Registered Agent signature required when reinstating)

April 24, 2002

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 Emery, Maurice
NAME Sous-Les-Chataigniers
STREET ADDRESS 2028 Vaumarcus
CITY-ST-ZIP Switzerland

TITLE Screech, Stephen
NAME Chemin De Notre-Dame 2
STREET ADDRESS 2013 Colombier
CITY-ST-ZIP Switzerland

TITLE Rushbrooke, Philip
NAME Rte Des Pins 9
STREET ADDRESS
CITY-ST-ZIP 2035 Corcelles, Switzerland

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Stephen Screech

April 28, 2002 (305) 293-8587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #