

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90662 026 \*\*\*150.00

**DOCUMENT # F38233**

1. Entity Name  
**CHAND PROPERTIES OF FLORIDA, INC**

Principal Place of Business  
**1820 E HALLANDALE BCH BLVD**  
**HALLANDALE FL 33009**

Mailing Address  
**1820 E HALLANDALE BCH BLVD**  
**HALLANDALE FL 33009**

2. Principal Place of Business  
**20801 Biscayne Boulevard**  
 Suite, Apt. #, etc.  
**Suite 505**

3. Mailing Address  
**20801 Biscayne Boulevard**  
 Suite, Apt. #, etc.  
**Suite 505**

City & State  
**Aventura, FL**

City & State  
**Aventura, FL**

4. FEI Number **59-2200186**

Applied For  
 Not Applicable

Zip **33180** Country **USA**

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**PERLOW, JEFFREY M.**  
**1820 E. HOLLANDALE BEACH BLVD.**  
**HALLANDALE FL 33009**

**7. Name and Address of New Registered Agent**

Name **Jeffrey M. Perlow, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20801 Biscayne Boulevard, #505**  
 City **Aventura FL** Zip Code **33180**

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 **3/5/02**

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  Delete  
**S**  
 NAME **CHAND, ANITA**  
 STREET ADDRESS **1820 E HALLANDALE BCH BL**  
 CITY-ST-ZIP **HALLANDALE, FL 00000**

TITLE  Change  Addition  
**S**  
 NAME **Chand, Anita**  
 STREET ADDRESS **20801 Biscayne Boulevard, #505**  
 CITY-ST-ZIP **Aventura, FL 33180**

TITLE  Delete  
**P**  
 NAME **CHAND, KAILASH**  
 STREET ADDRESS **1820 E HALLANDALE BCH BL**  
 CITY-ST-ZIP **HALLANDALE, FL 00000**

TITLE  Change  Addition  
**P**  
 NAME **Chand, Kailash**  
 STREET ADDRESS **20801 Biscayne Boulevard, #505**  
 CITY-ST-ZIP **Aventura, FL 33180**

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April 27/02** Daytime Phone # **1-561-295-986**

CR2E034 (9/01)