

DOCUMENT # G69306

1. Entity Name

CHAYEB ENTERPRISES, INC.**FILED**
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90007 008 ***150.00

Principal Place of Business

Mailing Address

1061 WREN AVENUE
MIAMI SPRINGS FL 33166
US1061 WREN AVENUE
MIAMI SPRINGS FL 33166-3854
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

CHAYEB, JOSE
1061 WREN AVENUE
MIAMI SPRINGS FL 33166

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PTD	<input checked="" type="checkbox"/> Delete
NAME	CHAYEB, JOSE	
STREET ADDRESS	110 W. 19TH ST. 1061 WREN AVENUE.	
CITY-ST-ZIP	HALEAH FL MIAMI SPRING FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAYEB, YOREILA	
STREET ADDRESS	110 W. 19TH ST. 1061 WREN AVENUE	
CITY-ST-ZIP	HALEAH FL MIAMI SPRING FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAYEB, JORGE J.	
STREET ADDRESS	110 W. 19TH ST. 1061 WREN AVENUE	
CITY-ST-ZIP	HALEAH FL MIAMI SPRING FL 33166	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MENDEZ, MARICELA	
STREET ADDRESS	110 W. 19TH ST. 1061 WREN AVENUE	
CITY-ST-ZIP	HALEAH FL MIAMI SPRING FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T/D/C/M	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE CHAYEB.	
STREET ADDRESS	1061 WREN AV. MIAMI SPRING	
CITY-ST-ZIP	FL 33166	
TITLE	V/T/S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDEZ MARICELA	
STREET ADDRESS	1061 WREN AV. MIAMI SPRING	
CITY-ST-ZIP	FL 33166	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAYEB JORGE J.	
STREET ADDRESS	1061 WREN AV. MIAMI	
CITY-ST-ZIP	SPRING FL. 33166	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAYEB YOREILA.	
STREET ADDRESS	1061 WREN AV. MIAMI SPRING	
CITY-ST-ZIP	FL 33166.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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

JAN-24-2000

Date

Daytime Phone #