2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

G99729 DOCUMENT #

1. Entity Name

CHATEAUBLEAU INVESTMENTS SEVEN, INC



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90173 050 ***150.00

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Principal Place of Business 1111 PONCE DE LEON BLVD. CORAL GABLES FL 33134		Mailing Address 1111 PONCE DE LEON BLVD. CORAL GABLES FL 33134		: 1001111 1010 10110 (011		BiBii BiBii Èi	6 11 0 7 0 11 4002
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-00	29133		olied For Applicable
Zip	Country	Zip	Country	5. Certificate of Status De		3.75 Addi	
	6. Name and Address of Current	Registered Agent		7. Name and Address of	f New Registered Ag	ent	
_ -	The second secon		Name	in the second of	The reserve of the		
GRILLAS, 1111 POI	Bob NCE de Leon Blvd.		Street Addres	s (P.O. Box Number is Not Acc	ceptable)		
CORAL G	ABLES FL 33134						ŀ
			City		FL	Zip Code	
8. The above the obligat	named entity submits this statement for tions of register d agent.	r the purpose of changing	its registered office or regis	tered agent, or both, in the Sta	te of Florida. I am fan	niliar with, a	nd accept
SIGNATURE	Signature has the first partied name of statistical execution	and title it anima, ble. (I	NOTE: Bigistered Agent signature requ	ired when reinstay in the work	JATE DATE	<u> </u>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			्री ^र	9. Election Camp Trust Fund Cor	· · -		May Be to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES	TO OFFICERS AND D	RECTORS	IN 11
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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

Daytime Phone #