## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT # H19397**

1. Entity Name CHODZIN, INC.



## FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90238 022 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP													
Surie, Apt. 4, etc.   Suite.   Suite.   Apt. 18, etc.   City & State   A FEI Number 59-2461081   Applied For Post Applied For Replaced   Research   Researc	801 EATON S	TREET	901 E	801 EATON STREET									
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Zip Country Zip Country 5. Cortification Status Desired   S8.75 Acaptional resolutions   S8.7	Suite, Apt.	. #, etc.		Suit	Suite, Apt. #, etc.				. CHECK HERE IF MAKING CHANGES				
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Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  OHIODIN, MICHAEL S.  SIERT ADDRESS  OTY-ST-2P  TITLE  OTY-ST-2P  TITL		6:- Name ar	nd Address of Cu	rrent Register	d Agent	<u></u>		= 7	Name and Address of New Reg	istered:A	gent		
Size Address (P.C. Box Number is Not Acceptable)    City   FL   Zip Code							Name		•				
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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 trusted 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 all other like empowered.		a petification and the control	favoration "	A					440.07(0)(1) El				
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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