2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000007609



FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90183 034 **** 50.00

1. Entity Nam) [
CHIC CHA	RU, LLU				']				
Principal Plac 8200 PONCE DI MIAMI FL 33143		Mailing Address 8200 PONCE DE LEON F MIAMI FL 33143	ROAD	<u> </u>					((5 16)) (18 8)
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	65-1020845	 _	- 1 -	oplied For
Zip	Country	Zip	Coun	ntry	5. Certificate of	Status Desired		5.00 Add	ditional
	6. Name and Address of Curre	nt Registered Agent		والمحادث فالمحتدد المحتدد	7. Name and A	ddress of New Reg	stered A	gent	
			Name						
1570	n, stanton g) madruga ave			Street Address	(P.O. Box Number i	s Not Acceptable)			
#311	1 VAL GABLES FL 33146								
	THE CABLLOT E 30170			City			FL	Zip Cod	е
	named entity submits this statement tions of registered agent.	t for the purpose of changing	its registere	ed office or registe	ered agent, or both,	in the State of Florid	da. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agr	ent and title if applicable. (N	VOTE: Registere	d Agent signature require	ed when reinstating)		DATE		
			NOWIII I	FEE IS \$50.00					
		Make Check Paya			- 1				!
		-		ay 1, 2003	one or orace				
9.	MANAGING MEM	IBERS/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	GELTZER, MARK S		NAM	IE]					!
STREET ADDRESS	8200 PONCE DE LEON BLVD		STRE	EET ADORESS					ļ
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	MIAMI FL 33143		CITY	'-ST-ZIP				·	
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firmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR P

Daytime Phone #