

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-12-2002 90582 046 \*\*\*\*50.00

**DOCUMENT # L00000013916**

1. Entity Name

**CHEE 3, LLC**

Principal Place of Business

**4300 N. UNIVERSITY DRIVE - A 106  
 FORT LAUDERDALE FL 33351**

Mailing Address

**4300 N. UNIVERSITY DRIVE - A 106  
 FORT LAUDERDALE FL 33351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1055077**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVINE & SEGAUL, P.A.  
 4300 N. UNIVERSITY DRIVE - A 106  
 FORT LAUDERDALE FL 33351**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 BROWN, BARBARA N  
 9613 CRESCENT GARDEN DRIVE #201  
 NAPLES FL 34109** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 HOWARD A. LEVINE  
 4300 N. UNIVERSITY DR - A-106  
 Fort Lauderdale, FL 33351** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 TEETERS, SHAWN M  
 765 23RD STREET S.W.  
 NAPLES FL 34117** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 LAWRENCE A. LEVINE  
 4300 N. UNIVERSITY DRIVE - A-106  
 Fort Lauderdale, FL 33351** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: [Signature] HOWARD A. LEVINE, Managing Member. 4/29/02 954-749 6900**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)