FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90252 014 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002789

1. Entity Name
CHACIS PROPERTIES, LLC

Principal Place of Business	Mailing Address
~~9769 S. DIXIE HWY, SUITE 101~~ MIAMI, FL 33156	~~9769 S. DIXIE HWY, SUITE 101~~ MIAMI, FL 33156

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2566 JARDIN WAY		2566 JARDIN WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WESTON Florida		City & State: WESTON FL	
Zip: 33327	Country: USA	Zip: 33327	Country: USA

4. FEI Number: 26-0020704 ☐ 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
GAVIRIA, JORGE 9769 S. DIXIE HWY, SUITE 101 MIAMI, FL 33156	Name: REBECA REBOREDO Street Address (P.O. Box Number is Not Acceptable): 2566 JARDIN WAY City: WESTON FL Zip Code: 33327

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHACON CARMONA, GUILLERMO TULI		NAME		
STREET ADDRESS	9769 S. DIXIE HWY, SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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: X [signature] 3-31-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #