FILED

2003 JUN 10 PM 8:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005230

1. Entity Name
CHULEW, L.C.

Principal Place of Business
5980 N.W. 64TH AVENUE, #309
TAMARAC, FL 33321
33319

Mailing Address
5980 N.W. 64TH AVENUE, #309
TAMARAC, FL 33321

2. Principal Place of Business		3. Mailing Address	
5980 NW 64th Ave		5980 NW 64th Ave	
Suite, Apt. #, etc. 309		Suite, Apt. #, etc. 309	
City & State TAMARAC, Fla.		City & State TAMARAC, FLA	
Zip 33319	Country USA	Zip 33319	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1096387 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHULEW, BERNARD W
5980 N.W. 64TH AVENUE, #309
TAMARAC, FL 33321
33319

7. Name and Address of New Registered Agent

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHULEW, BERNARD W		NAME	400020755844
STREET ADDRESS	5980 N.W. 64TH AVENUE, #309		STREET ADDRESS	06/10/03--01049--005 **80.00
CITY-ST-ZIP	TAMARAC, FL 33321		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
NAME			NAME	
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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	

CR2E063 (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: Bernard W Chulew 5-30 03 4435154[illegible]8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #