

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90393 027 \*\*\*\*50.00

**DOCUMENT #** L01000016714

**1. Entity Name**

CHHABRA INVESTMENT GROUP LLC ✓

**DO NOT WRITE IN THIS SPACE**

956124

**2. Principal Place of Business**

110 E. Broward Blvd.

Suite, Apt. #, etc.

17th Floor

City & State

Ft. Lauderdale, FL

Zip

33301

Country

**3. Mailing Address**

110 E. Broward Blvd.

Suite, Apt. #, etc.

17th Floor

City & State

Ft. Lauderdale, FL

Zip

33301

Country

**4. FEI Number**

65-1141524

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Sherwin P. Simmons, P.A.

**Street Address (P.O. Box Number is Not Acceptable)**

200 S. Biscayne Blvd.

**Ste. 4000**

**City**

Miami

**FL**

**Zip Code**  
33131

**DO NOT WRITE  
IN THIS SPACE**

**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.

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
Member  
**NAME**  
Vincent K. Chhabra  
**STREET ADDRESS**  
110 E. Broward Blvd.  
**CITY-ST-ZIP**  
Ft. Lauderdale, FL 33301

**TITLE**  
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Vincent K. Chhabra, Member

**Date**

**Daytime Phone #**

CR2E083B (12/01)