

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	L06000052244
1. Entity Name	
CHETPRA PROPERTIES #1, LLC	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 5101 BISCAYNE BLVD Suite, Apt. #, etc.		3. Mailing Address 5831 NE 6TH COURT Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33137	Country U.S.A.	Zip 33137	Country U.S.A.

**FILED**

2009 APR 21 PM 12: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4932234		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name  
ASWIN DEVCHAND  
Street Address (P.O. Box Number is Not Acceptable)  
5831 NE 6TH COURT  
City  
MIAMI FL Zip Code  
33137

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 \_\_\_\_\_ MGRM

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHETPRA LIMITED PARTNERSHIP 5831 NE 6TH COURT MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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## 11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	500150705555 04/16/09--01046--008 **130.75
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AL 4-22-09

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X ASWIN DEVCHAND MGRM ASWIN DEVCHAND  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-09 (305) 754-0355  
Date Daytime Phone #