2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L32899 1. Entity Name

CHEETHAM PROPERTIES, INC.

Principal Place of Business

Mailing Address

2095 WEST 76TH STREET

Suite, Apt. #, etc.

2095 WEST 76TH STREET HIALEAH FL 33016

HIALEAH FL 33016

Zip

SIGNATURE

11.

(See criteria on back)

2. Principal Place of Business

3. Mailing Address

City & State

Suite, Apt. #, etc.

City & State

CHEETHAM, RICHARD V.

2095 WEST 76TH STREET HIALEAH FL 33016

6. Name and Address of Current Registered Agent

Country

Zip

Country

4. FEI Number

5. Certificate of Status Desired

Fee Required 7. Name and Address of New Registered Agent

65-0176073

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

510 Suite

(NOTE: Registered Agent signature required when reinstating)

Zip Code 33016

DATE

Apr 20, 2001 8:00 am Secretary of State

04-20-2001 90189 017 ***150.00

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.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

12.

10. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Not Applicable

TITLE ☐ Delete TITLE ☐ Addition Cheetham, Richard V. NAME CHEETHAM, RICHARD V. NAME 2100 W. 76 ST. Suite 510 STREET ADDRESS 2095 WEST 76TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 Fl. 33016 ☐ Delete ☐ Addition CHEETHAM, ROBERT NAME omit STREET ADDRESS STREET ADDRESS 2095 WEST 76TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 Delete . محترف LITLE TITLE [17] Chande ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment th an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAM

☐ Delete

4/16/0/ 305.826.3967

Change

☐ Addition