2002 UNIFORM BUSINESS REPORT (UBR)				FILED	
DOCUMENT # L45492 1. Entity Name				Feb 13, 2002 8:00 am Secretary of State	
CHESTE	RFIELD CAPITAL CORPORA	TION		02-13-2002 90184 040 ***150.00	
Principal Place of Business 10705 SNAPPER CREEK MIAMI FL 33156 US		Mailing Address 10705 SNAPPER CREEK MIAMI FL 33156 US			
2. Principal Place of Business 6/30 5 w 135 7erace 6/30 5 w 13 Suite, Apt. #, etc. 3. Mailing Address 6/30 5 w 13 Suite, Apt. #, etc.			35 Terr	DO NOT WRITE IN THIS SPACE	
City & Sta	mi, FZ	City & State	ર	4. FEI Number 65-0171057 Applied For Not Applicable	
3315		33154	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent	
HATTLER, RICHARD M				ard Hattler s (P.O. Box Number is Not Acceptable)	
10705 SNAPPER CREEK RD MIAMI FL 33156			6/3	0 SW 135 Terrace	
			City M	Amı FL Zio Code	
8. The above	e named entity submits this statement for Signature, typed or printed name of registered agent ar		registered office or regist	red when reinstating) DATE	
		! FEE IS \$150.00 2 Fee will be \$550.00 e to Department of St			
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HATTLER, RICHARD M. 11180 SNAPPER CREEK ROAD MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICHARD HAHLOT 61305W135 Terr MIAMI, FL 33	□ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE :	S	∠ ☐ Delete.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 305-661-4650 Date Daytime Phone #