

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002075 AF

DOCUMENT # L99000002054

1. Entity Name  
CHAI DEVELOPMENT, LLC

FILED

00 JAN 27 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1460 SOUTH OCEAN BLVD  
POMPANO BEACH FL 33062

Mailing Address  
1460 SOUTH OCEAN BLVD  
POMPANO BEACH FL 33062-7306



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

WALLACK, MICHAEL M ESQ  
27 FLETCHER AVENUE  
SARASOTA FL 34237

## 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.

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 Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete  
NAME GROSS, LEONARD  
STREET ADDRESS 13020 SOUTH HAMPTON DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE MGR ☐ Delete  
NAME HALPERIN, MAURICE  
STREET ADDRESS 2500 NORTH MILITARY TRAIL, SUITE 225  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE MGR ☐ Delete  
NAME BLOOM, ASHLEY  
STREET ADDRESS 1350 NORTH OCEAN BLVD  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE MGR ☐ Delete  
NAME MINKIN, CAROL  
STREET ADDRESS 4405 WOODFIELD BLVD  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600003119556--7  
CITY-ST-ZIP -02/01/00--01130--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)