

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-25-2002 90162 013 ****50.00

DOCUMENT # L99000002054

1. Entity Name

CHAI DEVELOPMENT, LLC

Principal Place of Business

1480 SOUTH OCEAN BLVD
 POMPANO BEACH FL 33062

Mailing Address

1480 SOUTH OCEAN BLVD
 POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

DO NOT WRITE IN THIS SPACE
65-0962584

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

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 **David Weisman**

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

2021 Tyler St

City **Hollywood**

FL

Zip Code **33020**

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 re-registering)

DATE

1/7/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSS, LEONARD 13020 SOUTH HAMPTON DRIVE BONITA SPRINGS FL 33923	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALPERIN, MAURICE 2500 NORTH MILITARY TRAIL, SUITE 225 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, ASHLEY 1350 NORTH OCEAN BLVD POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINKIN, CAROL 4405 WOODFIELD BLVD BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**17890 Denville Lane
 Boca Raton FL 33496**

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:

CAROL MINKIN

2/22/02 954 941 6685

CR2E083 (9/01)