

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90191 029 ****50.00

DOCUMENT # **L99000002054**



1. Entity Name

CHAI DEVELOPMENT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1350 N. OCEAN BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPAHO BEACH, FL

City & State

4. FEI Number

65-0912584

Applied For

Not Applicable

Zip

33062

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID WEISMAN

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

2021 TYLER ST.

City

HOLLYWOOD

FL

Zip Code

33020

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

DAVID WEISMAN

4-22-03

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **CAROL MINKIN**
STREET ADDRESS **4405 WOODFIELD BLVD**
CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE **MGR**
NAME **JOSHUA MINKIN**
STREET ADDRESS **4405 WOODFIELD BLVD**
CITY-ST-ZIP **BOCA RATON, FL 33434**

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IN THIS SPACE**

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]

CAROL MINKIN, MGR

4/22/03

954-590-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)