FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90100 009 ***150.00

763342

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M 12278

1. Entity Name: CHABRA ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2501, N. OCEAN BLVD	2501, N. ocean Blvd.
Suite, Apt. #, etc.	Suite, Apt. # etc.
City & State: FORT LAUDERDALE	City & State: Ft Lauderdale
Zip: 33305 Country: Broward	Zip: Fla Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number: 592559244 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: NARENDER CHHABRA

Street Address (P.O. Box Number is Not Acceptable): 2116 NE 62nd Court.

FORT LAUDERDALE

City: Fla. FL Zip Code: 33308

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.

SIGNATURE ____________________ DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☑ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President/Director	TITLE	
NAME	NARENDER CHHABRA	NAME	
STREET ADDRESS	2116 NE 62nd Ct.	STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale	CITY-ST-ZIP	
TITLE	Secretary/Director	TITLE	
NAME	Mrs. Kanta Chhabra	NAME	
STREET ADDRESS	2116 NE 62nd Ct.	STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] NARENDER CHHABRA 4/5/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #