2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # M62648 1. Entity Name 05-18-2001 91587 023 ***150.00 CHATBURN INVESTMENTS, INC. Principal Place of Business Mailing Address P.O. Box 5397 9095 NW 64 STREET ADD70378 MIAMI FL 33166 HIALEAH, FL. 33014-1397 US. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number **65-**0032280 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WESTBERRY, MARGIE 8095 NW 64TH. STREET MIAMI, FL. 33166 Zip Code City FL 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. MARGIE WESTBERRY - PRESIDENT SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 4/30/0 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE TIT! F ☐ Delete WESTBERRY, MARGIE NAME NAME STREET ADDRESS STREET ADDRESS 8095 NW 64 ST CITY-ST-ZIF CITY-ST-ZIP **MIAMI FL 33166** Change ☐ Addition TITLE ☐ Delete TITLE WESTBERRY, MARGIE NAME NAME STREET ADDRESS 8095 NW 64 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** ■ Addition Change ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS

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.

DEVPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP 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

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