04/30/2003 13:54 FAX 3054449119 FORMAN & PARKER

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90708 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M62648

1. Entity Name
CHATBURN INVESTMENTS, INC.

80105685

Principal Place of Business	Mailing Address
8095 NW 64TH ST MIAMI, FL 33166 US	P O BOX 5397 HIALEAH, FL 33014-1397 US

2. Principal Place of Business	3. Mailing Address
5601 NW 159 Street	5601 N.W. 159 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes, Florida	City & State
Zip: 33014 Country: MIAMI-DADE	Zip: 33014 Country: MIAMI-DADE

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0032280 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WESTBERRY, MARGIE 8095 NW 64TH ST MIAMI, FL 33166	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILING FEE IS $150.00 [illegible]

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WESTBERRY, MARGIE 8095 NW 64TH ST MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/03 305 591-7530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #