

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90091 012 \*\*\*\*50.00

0023474 MB

**DOCUMENT # M99000000918**



1. Entity Name  
**CHAVEZ HOLDINGS OF SOUTH FLORIDA, LLC**

Principal Place of Business  
**250 WEST COURT STREET, #200E  
CINCINNATI OH 45202**

Mailing Address  
**250 WEST COURT STREET, #200E  
CINCINNATI OH 45202**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1609429**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAVEZ, MANUEL-SR** C T CORPORATION SYSTEM  
**75 78TH STREET** c/o C T CORPORATION SYSTEM  
**MIAMI BEACH FL 33141** 1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name  
**C T CORPORATION SYSTEM**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**  
City  
**PLANTATION** FL Zip Code  
**33324**

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: *Carol Record*

**Carol Record**

*7/10/03*

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

(NOTE: Registered Agent must be a natural person who is a resident of Florida.)

DATE

**\$100.00**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  Delete  
NAME  
**CHAVEZ, MANUEL**  
STREET ADDRESS  
**250 WEST COURT STREET, #200E**  
CITY-ST-ZIP  
**CINCINNATI OH 45202**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
**CHAVEZ, ROBERT**  
STREET ADDRESS  
**250 WEST COURT STREET, #200E**  
CITY-ST-ZIP  
**CINCINNATI OH 45202**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
**CHAVEZ, MARTIN**  
STREET ADDRESS  
**250 WEST COURT STREET, #200E**  
CITY-ST-ZIP  
**CINCINNATI OH 45202**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

*7/10/03*

*813-241-0429*

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

Date

Daytime Phone #

CR2E083 (4/03)