2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100005949

1. Entity Name

SOUTH F	FLORIDA CHIEFS, INC.				02-05-2003 90121 001 ****61.25		
12550 SOUTHWEST 2ND STREET 12		Mailing Address 12550 SOUTHWEST 2ND ST PLANTATION FL 33325	12550 SOUTHWEST 2ND STREET		AAATAAA		
2. Principal l	Place of Business	3. Mailing Address					
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 65-1131774 Applied For		
Zip	Country	Zip	Country	5. Certificate of St		Not Applicable 5 Additional equired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
2900 EA Suite 20	STIAN SAUTTER, ESQUIRE ST OAKLAND PARK BOULEVARD 00 NUDERDALE FL 33306		Street Address (P.Q. Box Number is Not Acceptable) City Plantation FL Zip Code 333325				
SIGNATURE	Signature, typed or printed name of registered agent a	Hepher & Strend use if applicable (NOTE: 9. Election Carry Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Pay		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO	RS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAND, STEPHEN 12550 SOUTHWEST 2ND STREET PLANTATION FL 33325		TITLE NAME STREET ADDRESS CITY-ST-ZIP			ange 🔲 Addition	
TITLE IAME TREET ADDRESS TY-ST-ZIP	VD Biasotti, Robert 2761 Northeast 25th Terrac Boca Raton.Fl.33431	□ Delete	TITLE NAME STREET ADDRESS _CITY_ST_ZIP		□ (m) ·	ange	
ITLE IAME STREET ADDRESS SITY-ST-ZIP	STD Strand, reno 12550 Southwest 2nd Street Plantation FL 33325	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ch	ange Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	No.	□ Ch	ange Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Cha	ange	
TLE AME		☐ Delete	TITLE NAME		Cha	inge Addition	

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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

CITY-ST-ZIP

SIGNATURE:

MARY EQUATION & SHOW

13/7

9543272184

FILED

Feb 05, 2003 8:00 am Secretary of State