

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90185 046 \*\*\*\*61.25

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

**DOCUMENT #** N01000007299

1. Entity Name

CHHABRA FAMILY FOUNDATION INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

110 E. Broward Blvd.

Suite, Apt. #, etc.  
17th Floor

City & State

Ft. Lauderdale, FL

Zip  
33301

Country  
USA

3. Mailing Address

110 E. Broward Blvd.

Suite, Apt. #, etc.  
17th Floor

City & State

Ft. Lauderdale

Zip  
33301

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1159449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Peninsula Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd. - 43rd Floor

City  
Miami

FL

Zip Code  
33131

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Vincent K. Chhabra 110 E. Broward Blvd. Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President Sushma Chhabra 110 E. Broward Blvd. Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary/Treasurer Gwendolyn C. Pendland 110 E. Broward Blvd. Miami, Florida 33301
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like information.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Vincent K. Chhabra, President

Date

Daytime Phone #

CR2E037B (12/01)