2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012089

1. Entity Name
CHAT CORPORATION

FILED
02 OCT -9 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~901 PONCE DE LEON BLVD.~~ ~~STE 603~~ ~~CORAL GABLES FL 33134~~	~~901 PONCE DE LEON BLVD.~~ ~~STE 603~~ ~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20800 N.E. 32 Place	20800 N.E. 32nd Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country: U.S.A.	Zip: 33180 Country: U.S.A.

4. FEI Number 65-0980488 ☐ 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
~~ALBORNOZ, WILLIAM H ESQ.~~ ~~901 PONCE DE LEON BLVD.~~ ~~SUITE 601~~ ~~CORAL GABLES FL 33134~~	Name: JAIME CORREA Street Address (P.O. Box Number is Not Acceptable): 20800 N.E. 32nd Place City: Aventura FL Zip Code: 33180

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] JAIME CORREA 04/01/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~DE VILLA, KARLA~~ ~~901 PONCE DE LEON STE 603~~ ~~CORAL GABLES FL 33134~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORREA, JAIME ~~901 PONCE DE LEON BV STE 603~~ CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 20800 N.E. 32nd Place Aventura, FL 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~LOPEZ, ALI~~ ~~901 PONCE DE LEON BV STE 603~~ ~~CORAL GABLES FL 33134~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300008453513 10/18/02--01079--004 **550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 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.

SIGNATURE: [signature] JAIME CORREA 04/01/02 (305) 466-3776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #