

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000024640**

1. Entity Name

MA-NES PROPERTIES, INC.**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90156 046 ***150.00

Principal Place of Business

520 MAJORCA AVENUE
CORAL GABLES FL 33134

Mailing Address

520 MAJORCA AVENUE
CORAL GABLES FL 33134

2. Principal Place of Business

520 Majorca Avenue

Suite, Apt. #, etc.

3. Mailing Address

520 Majorca Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, Fl.

City & State

Coral Gables, Fl.

4. FEI Number

65-1018018

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

MULLER, CHARLES E II**9350 S. DIXIE HIGHWAY****SUITE 1550****MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

n/a

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.

SIGNATURE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	CHEDIAK, MATEO	520 MAJORCA AVE	CORAL GABLES FL 33134	<input type="checkbox"/>
VP	CHEDIAK, ALEXANDER S	520 MAJORCA AVE	CORAL GABLES FL 33134	<input type="checkbox"/>
S	CHEDIAK, NESIMA	520 MAJORCA AVE	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexander S. Chediak, VP

Date

1/14/02 305-442-9764

Daytime Phone #

CR2E034 (9/01)