

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90130 037 \*\*\*150.00

**DOCUMENT # P00000024640**

1. Entity Name  
**MA-NES PROPERTIES, INC.**



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.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Coral Gables, Fl.**

City & State  
**Coral Gables, Fl.**

4. FEI Number **65-1018018**

Applied For  
Not Applicable

Zip Country  
**33134 USA**

Zip Country  
**33134 USA**

5. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **CHEDIAK, MATEO**  
STREET ADDRESS **520 MAJORCA AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VP** ☐ Delete  
NAME **CHEDIAK, ALEXANDER S**  
STREET ADDRESS **520 MAJORCA AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **S** ☐ Delete  
NAME **CHEDIAK, NESIMA**  
STREET ADDRESS **520 MAJORCA AVE**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** **Alexander S. Chediak, VP 1/07/03 305-442-9764**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)