## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P0000029229 1. Entity Name CHEDHILL ENTERPRISES, INC. 04-06-2001 90025 048 \*\*\*158.75 Principal Place of Business Mailing Address 16341 S.W. 23RD ST. 16341 S.W. 23RD ST. MIRAMAR FL 33027 MIRAMAR FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 0997256 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHEDRAUY, INGRID 16341 S.W. 23RD ST. MIRAMAR FL 33027 163415W 23ST 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 re required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) . Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE Change NAME CHEDRAUY, INGRID NAME STREET ADDRESS STREET ADDRESS 16341 S.W. 23RD ST. CITY-ST-ZIP CITY-ST-7IP MIRAMAR FL 33027 ☐ Change **X**Addition TITLE Delete TITLE CHEDRAUY, MIGUEL BEDDEL CHEDRAUY, MIGUEL NAME NAME 16341 SW 233T STREET ADDRESS 163415W 235T HIRAMAR FL 33027 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIRAMAR FL33027 :TITLE: TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 exercise five province.

AME OF SIGNING OFFICER OR DIRECTOR