

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90129 001 \*\*\*150.00

**DOCUMENT # P00000079016**

1. Entity Name

**CHELA REAL ESTATE CORPORATION**

Principal Place of Business

**SUNSET OFFICE PARK, 9370 SUNSET DR STEA100  
 MIAMI FL 33173**

Mailing Address

**SUNSET OFFICE PARK, 9370 SUNSET DR STEA100  
 MIAMI FL 33173**

2. Principal Place of Business

**1501 Venera Ave,**

3. Mailing Address

**14725 SW 110th Terrace,**

Suite, Apt. #, etc.

**Suite 245**

Suite, Apt. #, etc.

**Suite 245**

City & State

**Coral Gables, FL**

City & State

**Miami, Florida**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1044195**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PONS, MARTIN E  
 SUNSET OFFICE PARK, 9370 SUNSET DR STEA100  
 MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name **Graciela Gandarilla**

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

**14725 SW 110th Terrace**

**Miami, Florida 33196**

City

**FL**

Zip Code  
**33196**

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, 2001 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

TITLE **PV** ☐ Delete  
 NAME **GANDARILLA, GRACIELA**  
 STREET ADDRESS **14725 SW 110 TERR**  
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **ST** ☐ Delete  
 NAME **GANDARILLA, RENE**  
 STREET ADDRESS **14725 SW 110 TERR**  
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)