

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91566 027 ***150.00

DOCUMENT # PDDDDDD88881

1. Entity Name

CHÉ CH ASSOCIATES

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

505 S. BAYSHORE BLVD

Suite, Apt. #, etc.

3. Mailing Address

2519 McMULLEN BOOTH RD

Suite, Apt. #, etc.

SUITE 510-297

City & State

SAFETY HARBOR FL

Zip

34695

Country

US

City & State

CLEARWATER FL

Zip

33761

Country

US

4. FEI Number

59-3466532

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

HARLAN, CHRISTINE

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

505 S. BAYSHORE BLVD

City

SAFETY HARBOR

FL

Zip Code

34695

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)**

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT.
HARLAN, CHRISTINE
2519 McMULLEN BOOTH RD # 510-297
CLEARWATER, FL 33761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
HARLAN, CLAUDIA
2519 McMULLEN BOOTH RD # 510-297
CLEARWATER, FL 33761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE HARLAN

Date

Daytime Phone #

4/22/02 787-791-3741

CR2E034B (12/01)