

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90005 025 \*\*\*150.00

0177398

**DOCUMENT # P00000098530**

1. Entity Name  
**CHASIN CORP.**

Principal Place of Business  
**7490 SW 53RD PLACE  
MIAMI FL 33143**

Mailing Address  
**7490 SW 53RD PLACE  
MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SACHER, CHARLES P  
2855 LEJEUNE RD, SUITE 1101  
CORAL GABLES FL 33134**

Name **de Souza, Jacinta**

Street Address (P.O. Box Number is Not Acceptable)  
**7490 SW 53 RD PLACE**

City **MIAMI**

**FL**

Zip Code  
**33143**

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 **DE SOUZA JACINTA. PRESIDENT** *Jacinta de Souza* **3-13-01**  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                            |                                 |
|------------------------------------------------|----------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DE SOUZA, JACINTA A<br/>7490 SW 53RD PLACE<br/>MIAMI FL 33143</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            | <input type="checkbox"/> Delete |

|                                                |                                                                             |                                                                                         |
|------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D/P</b>                                                                  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIVP<br/>de SOUZA, MICHAEL J<br/>7490 SW 53 PL<br/>MIAMI, FL 33143</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S.<br/>de SOUZA, CARLTON<br/>150 OCEAN LANE #34<br/>KEY BISCAYNE, FL</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |

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: *Jacinta de Souza* **JACINTA deSouza**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-16-01**

Date

**(305) 662-6824**

Daytime Phone #

CR2E034 (10/00)