

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90003 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P01000026838*

1. Entity Name:
CHAIKEN MANAGEMENT CO, INC

2300 N. FEDERAL HWY
POMPANO, FL 33062

2. Principal Place of Business: *3700 NE 27 TERACE 2200 N FEDERAL HWY*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City, State: *MIAMI BEACH FL* *POMPANO FL*
Zip: *33139* *33062* County: *DADE* *DADE*

4. FEI Number: *651104152*
Applied For: ☐ Not Applicable: ☐

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent:
Name: *LAURA CHAIKEN*
Street Address (P.O. Box Number is Not Acceptable): *2200 N. FEDERAL HWY*
City: *POMPANO FL 33062*

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: *X Laura Chaiken* *LAURA CHAIKEN* *4/24/02*
Signature, typed or printed name of registered agent and date if applicable. (DO NOT Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
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	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
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TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP	CITY-ST-ZIP	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 on an attachment with an address with all other like empowered.
SIGNATURE: *X Laura Chaiken* *LAURA CHAIKEN* *X* *4/24/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR