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2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR))	FILED Mar 12, 2002 8:00 am		
DOCUMENT # P0100092049 1. Entity Name: CHALAP INVESTMENTS, INC.						Secretary of State 01-23-2002 90022 013 ***150.00		
Principal Place of Business Mailing Address								
8325 MENTEIT Miami Lakes	th terr	8325 MENTETTH TERR MIAMI LAKES FL 33016						
2. Principal F		3. Mailing Address 2487 CONTENCATE ON Suite, Apt. #, etc.		n	DO NOT WRITE IN THIS SPACE			
City & Stat	203 El	City & State MINAMAN, F				4. FEI Number 65-1146929 Not Applied For Not Applied For		
Zip 370	Country	Zip 33025	Countr	•		5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name 7056 NAVANO				
NAVARRO, JOSE 8325 MENTETTH TERR			===- -	Street Address (P.O. Box Number is Not Acceptable) 2480				
MIAMI LAKES FL 33016				City MINAMAN FL 30 Code 25				
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 pecused 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 filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution.								
(See criter	ria on back)	Make Check Payable	le to De _l	partment o	f State	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAVARRO, JOSE 8325 MENTEITH TERR MIAMI LAKES FL 33016	☐ Oelete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP		Change Addition Change Addition Change Addition Change Addition Change Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAVARRO, PEGGY 8325 MENTETTH TERR MIAMI LAKES FL 33016	☐ Deleta	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP		☐ Change ☐ Addition 55		
TITLE Name Street adoress	MIAINI DARES PE 33010	☐ Delete		ADDRESS		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S TITLE NAME STREET CITY-S	ADDRESS		. Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP	, <u></u>	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		☐ Change ☐ 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: Date Do PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone								