## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

Principal Place of Business

FT LAUDERDALE FL 33309

NICOTRA, CAROLYN

3601 W COMMERCIAL BLVD STE 28

P02000057430

1. Entity Name CHAYE, INC.

Mailing Address

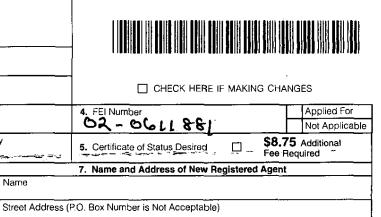
3601 W COMMERCIAL BLVD STE 28

FT LAUDERDALE FL 33309

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

**FILED** Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90202 013 \*\*\*150.00



3601 W COMMERCIAL BLVD STE 28 FT LAUDERDALE FL 33309 City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 2.1

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

Name

9. Election Campaign Financing

Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

Zip Code

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition Delete NAME CALICHON, FRANK NAME STREET ADDRESS 3601 W COMMERCIAL BLVD STE 28 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Addition TIT! F ST ☐ Delete TITLE ☐ Change BECQUE/CALICHON, JOCELYNE NAME NAME STREET ADDRESS 3601 W COMMERCIAL BLVD STE 28 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment w th an address. with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

CR2E034 (10/02)