

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000005761

1. Corporation Name

CHAS FINANCIAL SERVICES & INSURANCE INC.

Principal Place of Business

175 FOUNTAINE BLUE BLVD.
SUITE 201
MIAMI FL 33172

Mailing Address

175 FOUNTAINE BLUE BLVD.
SUITE 201
MIAMI FL 33172

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90107 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1993

4. FEI Number

65-0387274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

PETERS, MARIA C
497 NW 98 CT.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name LOURDES F PETER

82 Street Address (P.O. Box Number is Not Acceptable)
13386 NW 8 ST

83

84 City MIAMI

FL

85 Zip Code 33182

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2/18/99
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PETERS, MARIA CECILIA
STREET ADDRESS 497 NW 98 CT.
CITY-ST-ZIP MIAMI FL 33172

☒ DELETE

TITLE T
NAME PETERS, LOURDES F
STREET ADDRESS 13386 NW 8TH ST
CITY-ST-ZIP MIAMI FL 33182

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

CHARLES N. PETER
497 N.W. 98 CT
MIAMI FL
33172

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PRESIDENT / TREASURER
PETERS, LOURDES F.
13386 N.W. 8ST
MIAMI FLA 33182

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99
Date

205 220-4490
Daytime Phone #

CR2E034 (11/98)