

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005761

1. Entity Name

CHAS FINANCIAL SERVICES & INSURANCE INC.

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90021 045 ***150.00

Principal Place of Business

Mailing Address

175 FOUNTAINE BLEAU BLVD
SUITE 2D1175 FOUNTAINE BLEAU BLVD
SUITE 2D1

MIAMI FL 33172

MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

175 FOUNTAINE BLEAU BLVD

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2J3

City & State
MIAMI Fla

City & State

Zip
33172Country
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0387274

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

PETERS, LOURDES F
13386 NW 8 ST
MIAMI FL 33182

Name LOURDES F. PETERS

Street Address (P.O. Box Number is Not Acceptable)
13386 N.W. 8ST

City Miami

FL

Zip Code 33182

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 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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, CHARLES	NAME	
STREET ADDRESS	13386 N.W. 8 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	CITY-ST-ZIP	
TITLE	VPT President	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, LOURDES F	NAME	
STREET ADDRESS	13386 NW 8ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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 Block 12 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOURDES F. PETERS

2/1/01

305-301-8007

Date

Daytime Phone #

CR2E034 (10/00)