

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90054 007 ***150.00

DOCUMENT # P93000013709

1. Entity Name
CD ISRABIAN, INC.

Principal Place of Business

**6770 INDIAN CREEK DRIVE
 10E
 MIAMI BCH. FL 33141
 US**

Mailing Address

**6770 INDIAN CREEK DRIVE
 10E
 MIAMI BCH. FL 33141
 US**

2. Principal Place of Business

300 Aragon Ave.

Suite, Apt. #, etc.

270

City & State

Coral Gables, FL

Zip

33134

Country

US

3. Mailing Address

300 Aragon Ave

Suite, Apt. #, etc.

270

City & State

Coral Gables, FL

Zip

33134

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0391163**

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

**ISRABIAN, CHAHE
 6770 INDIAN CREEK DRIVE 10E
 MIAMI BCH. FL 33141**

Name

Israbian, Chahe D

Street Address (P.O. Box Number is Not Acceptable)

535 Giralda Ave.

City

Coral Gables

FL

Zip Code
33134

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] **CHAH D ISRABIAN**

04.05.01

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 State**

10. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISRABIAN, CHAHE 6770 INDIAN CREEK DR., SUITE 10E MIAMI BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ISRABIAN, SAMIA KAI 6770 INDIAN CREEK DRIVE MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Israbian, Chahe D 535 Giralda Ave. Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Israbian, Samia 535 Giralda Ave. Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] **SAMIA KAI ISRABIAN**

04.05.01

Date

305.529-2555

Daytime Phone #

CR2E034 (10/00)