

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0045914 AV

DOCUMENT # **P93000083334**

1. Entity Name  
**CHEWY & CO. #II, INC.**



FILED

03 NOV -7 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**548 41ST STREET  
MIAMI BEACH FL 33140**

Mailing Address  
**548 41ST STREET  
MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

65-0455372

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

**BEHAR, SALVADOR  
3575 N.E. 207TH STREET  
SUITE B8  
AVENTURA FL 33180**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST**  
NAME **BEHAR, SALVADOR**  
STREET ADDRESS **3575 N.E. 207TH STREET, SUITE B8**  
CITY-ST-ZIP **AVENTURA FL 33180**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300023551283**  
**10/03/03--01084--024 \*\*550.00**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300023551283**  
**11/07/03--01003--003 \*\*200.00**

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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 with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/30/03 305-573-2242**

Date

Daytime Phone #

CR2E034 (4/03)