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

## DOCUMENT # P9400005625

1. Entity Name

**SIGNATURE:** 

TERRY CHEMTOV AND ASSOCIATES, INC.



## FILED Jan 09, 2003 8:00 am Secretary of State

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CHEMTOV, TERRY 3525 MAGELLAN CIRCLE 4627 AVENTURA FL 33180  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 accomplete the obligations of registered agent and the inspiration. (NOTE Registered Agent agent when neinspiring)  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME SIRET ADDRESS  CHY-ST-2P  CHY-ST-2P  AVENTURA FL 33180.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME SIRET ADDRESS  CHY-ST-2P  AVENTURA FL 33180.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME SIRET ADDRESS  CHY-ST-2P  AVENTURA FL 33180.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME SIRET ADDRESS  CHY-ST-2P  AVENTURA FL 33180.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME SIRET ADDRESS  CHY-ST-2P  AVENTURA FL 33180.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME SIRET ADDRESS  CHY-ST-2P  AVENTURA FL 33180.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME SIRET ADDRESS  CHY-ST-2P  AVENTURA FL 33180.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME SIRET ADDRESS  CHY-ST-2P  AVENTURA FL 33180.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME SIRET ADDRESS  CHY-ST-2P  AVENTURA FL 33180.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME SIRET ADDRESS  CHY-ST-2P  AVENTURA FL 33180.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME SIRET ADDRESS  CHY-ST-2P  CHY-ST-2P  THE NAME SIRET ADDRESS  CHY-ST-2P  CHY-S	Zip 33180 Country USA-			Country		5.	Certificate of Status Desired					
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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 in changed, or on an attachment with an address, with all other like empowered.	of the corp	on this report poration or thi	: or supplemental report is tr e receiver or trustee empow	ue and accurate and that mered to execute this report :	ov signature	e shall have th	Ames an	legal affect se if made under eath	that Iam an a	officer o	ar director I	