

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046000

1. Entity Name
CHELLY CREATIONS, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90151 043 ***150.00

Principal Place of Business

**ONE N.E. FIRST STREET
SUITE 22
MIAMI FL 33132**

Mailing Address

**ONE N.E. FIRST STREET
SUITE 22
MIAMI FL 33132**

2. Principal Place of Business

**One N.E. First Street
Suite, Apt. #, etc.
#3**

City & State

Miami, FL

Zip
33132

Country

3. Mailing Address

**One N.E. First Street
Suite, Apt. #, etc.
#3**

City & State

Miami, FL

Zip
33132

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0502105**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENDAYAN, CHELLY
ONE N.E. FIRST STREET
SUITE 22
MIAMI FL 33132**

7. Name and Address of New Registered Agent

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.

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BENDAYAN, CHELLY	
STREET ADDRESS	ONE N.E. FIRST STREET, SUITE 22	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

Chelly Bendayan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-01
Date

305-371-8103
Daytime Phone #

CR2E034 (10/00)