

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90133 008 ***550.00

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DOCUMENT # P95000057841

1. Entity Name
CHA INTERNATIONAL, INC.



Principal Place of Business
**21574 ST. ANDREWS
GRAND CIRCLE, NO. 46
BOCA RATON FL 33486
US**

Mailing Address
**21574 ST. ANDREWS
GRAND CIRCLE, NO. 46
BOCA RATON FL 33486
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0605720**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DE ALBANESI, ALCIONE
21574 ST ANDREWS GRAND CIRCLE
BOCA RATON FL 33486**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
DE ALBANESI, ALCIONE
21574 ST. ANDREWS GRAND CIRCLE, NO.46
BOCA RATON FL 33486**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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GONCALVES, SERGIO
21574 ST. ANDREWS GRAND CIRCLE, NO.46
BOCA RATON FL 33486**

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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 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

SIGNATURE: ALCIONE DE

7/24/03 (561) 392-0589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBANESI

Date

Daytime Phone #

CR2E034 (4/03)