

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90100 036 ***550.00

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DOCUMENT # P96000040626

1. Entity Name

CHI'S YACHT REFINISHING, INC.



Principal Place of Business
**4960 N.W. 53RD AVENUE
COCONUT CREEK FL 33073
US**

Mailing Address
**4960 N.W. 53RD AVENUE
COCONUT CREEK FL 33073
US**



2. Principal Place of Business

3. Mailing Address

1001 NW 45 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

FORT LAUDERDALE FL

4. FEI Number

65-0681619

Applied For

Not Applicable

Zip

Country

Zip

Country

33309

U.S.A

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

**NGUYEN, CHI B
4960 N.W. 53RD AVENUE
COCONUT CREEK FL 33073**

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

9/9/03

**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
**PD
NGUYEN, CHI
4960 NW 53 AVE
COCONUT CREEK FL 33073**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NGUYEN, CHI
1001 NW 45 CT
FORT LAUDERDALE FL 33309**

☒ Change ☐ Addition

TITLE
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03

Date

954-249-1555

Daytime Phone #

CR2E034 (4/03)