

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90065 004 ***150.00

DOCUMENT # P96000043129

1. Entity Name
CHASECO HOLDINGS INC.

Principal Place of Business C/O SILVER & WALDMAN PA STE 902 800 BRICKELL AVE MIAMI FL 33131 US	Mailing Address C/O SILVER & WALDMAN PA STE 902 800 BRICKELL AVE MIAMI FL 33131-2966 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1281 GULF OF MEXICO DR. Suite, Apt. #, etc. #306	3. Mailing Address 1281 GULF OF MEXICO DR. Suite, Apt. #, etc. #306
City & State LONGBOAT KEY, FLA.	City & State LONGBOAT KEY, FLA.

4. FEI Number **65-0716604** Applied For
 Not Applicable

Zip 34228	Country USA	Zip 34228	Country USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SILVER, ESQ PATRICIA M
 SILVER & WALDMAN, PA
 800 BRICKELL AVE, STE 902
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **MARTIN CHASSON**
 Street Address (P.O. Box Number is Not Acceptable)
**1281 GULF OF MEXICO DRIVE
 SUITE 306**
 City **LONGBOAT KEY** FL Zip Code **34228**

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 *Martin Chasson* **MARTIN CHASSON - P** DATE **APRIL 24, 2000**

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHASSON, MARTIN 2 ST. CLAIR AVE. W. TORONTO ON M4V1L-F <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 ST. CLAIR AVE. WEST SUITE 900 TORONTO, ONTARIO, CANADA M4V 1L5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Martin Chasson* **MARTIN CHASSON - P** Date **Apr 24 2000** Daytime Phone # **925-8808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)