

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000051443

1. Entity Name

Chastery Inc.

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-28-2002 91746 036 ***150.00

DO NOT WRITE IN THIS SPACE

94790

2. Principal Place of Business
15066 S.W 172 Terr
Suite, Apt. #, etc.

3. Mailing Address
15066 S.W 172 Terr
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0710789

Applied For
Not Applicable

Zip
33187

Country
Oade

Zip
33187

Country
Oade

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Moran Magno

Street Address (P.O. Box Number is Not Acceptable)
15066 S.W. 172 Terr

City
MIAMI

FL

Zip Code
33187

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	VP Moran, Norys 15066 S.W 172 Terr MIAMI FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORAN, Magno 15066 S.W. 172 Terr MIAMI FL 33187
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Magno Moran

May 14, 2002 (786) 236-6562