

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91901 024 ***155.00

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DOCUMENT # P96000057793

1. Entity Name
CHIDNESE ENTERPRISES INC



Principal Place of Business
1100 SOUTH FEDERAL HWY
SUITE 4
BOYNTON BEACH FL 33435

Mailing Address
1100 SOUTH FEDERAL HWY
SUITE 4
BOYNTON BEACH FL 33435



2. Principal Place of Business
424 SW 7th Court
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4291
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach, FL
Zip
33435
Country
U.S.A.

City & State
Boynton Beach FL
Zip
33424
Country
U.S.A.

4. FEI Number **65-0679891**

Applied For
Not Applicable

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

CHIDNESE, ANTHONY
1100 SOUTH FEDERAL HWY
SUITE 4
BOYNTON BEACH FL 33435

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 _____ **(NOTE: Registered Agent signature required when reinstating)** **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☒ **\$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	D CHIDNESE, ANTHONY 1100 S. FEDERAL HWY, STE 4 BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Anthony Chidnese **SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Date

561-736-2121

Daytime Phone #

CR2E034 (10/02)