2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

AND TYPED OR PRINTED NAME OF SIGN

OFFICER OR DIRECTOR

SIGNATURE:

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P96000075562 1. Entity Name 04-17-2002 90134 046 ***150.00 CHEXLR8, INCORPORATED Principal Place of Business Mailing Address 7601 EAST TREASURE DRIVE, #2018 7640 WESTWOOD DRIVE, #415 NORTH BAY VILLAGE FL 33141-4368 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address 11240 Westwood Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 415 City & State Citv.& State 4. FEI Number Applied For 65-0692494 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired (NOTO Fee Required 6. Name and Address of Current Registered Agent -----7.-Name and Address of New Registered Agent Name SPIEGEL & ULTRA Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (10/6) TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME CHIEN-ERTL, REGINA A STREET ADDRESS 7640 WESTWOOD DRIVE, #415 STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME ERTL, RICHARD J STREET ADDRESS STREET ADDRESS 7640 WESTWOOD DRIVE, #415 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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