## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

Entity Name

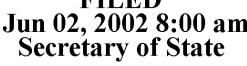
SIGNATURE:

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## FILED Jun 02, 2002 8:00 am Secretary of State

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Chebi	CARD MANAGEMENT, INC		<u>\1</u>					
Principal Place of Business 2100 45TH ST. 8-6 W PALM BCH FL 33407 US		Mailing Address 2100 45TH ST. B-6 W PALM BCH FL 33407 US						
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, et					DO NOT WRITE IN THIS SPACE			
City & St	ale	City & State		4. FEI Number 65-0702126 Applied For				
Zip	Country	Zip	Country		5. Certificate of Status Desire	d □ \$8	.75 A	Not Applicable Additional
	6. Name and Address of Current	Registered Agent	<del></del>		7. Name and Address of New		Regul	ired
WAREN	EAD DATHOU II FOO		Nan	1400	CATEU EVALUE	~ (		
	EAD, PATRICK M ESQ. LAGLER STE 1100	Stre	et Address (P.	O. Box Number is Not Accepte	able) (/			
	ALM BEACH FL 33401	16	UI- Pa	and American	PORRIS	<u> </u>	ILBART.	
			City	Meser	IM BOACH LAKES PARM BUDGEN	EI .	Zip Co	ode
8. The above	a named entity submits this statement for	the purpose of changing its	registered offic	e or registered	d agent, or both, in the State of	Florida.	33	401
SIGNATURE	Signature, typader printed name of registered agent at	M Side Parolinable						
<u> </u>		1,012	: Registered Agent si		non reinstating)	DATE		
(See criteria on back)  After May 1, 200 Make Check Payabl			!! FEE IS \$1! 02 Fee will be le to Departm	\$550.00	10. Election Campaign F Trust Fund Contribut	Financing tion.	\$5.f Adde	00 May Be ed to Fees
11.	PD OFFICERS AND D		12.		ADDITIONS/CHANGES TO OF	FICERS AND DIR	ECTOR	S IN 11
title Name	DONOHUE, PAUL	Delete	TITLE				Change	Addition
STREET ADORESS City-St-Zip	402 4TH TERR PALM BCH GDNS FL 33418		STREET ADDRES	s		_	·	
TTLE	VP LALWANI, MOHAN	☐ Delete	TITLE	VP			Change	☐ Addition
TREET ADDRESS	4920 SAND DUNE CIR APT 203 WEST PALM BEACH FL 33417		NAME STREET ADDRES CITY-ST-ZIP	s 492	ANI, MOHAN 8 SABLE PINE CI PALM BEACH, 1	R #9210	•	
AME		Delete -	TITLE		- THEM PENEH, 1			. Addition
TREET ADDRESS HTY-ST-ZIP			STREET ADORESS	3		and the second of the second o	<u> </u>	
TLE		□ Delete	TITLE	<del>                                     </del>				
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TREET ADDRESS TY-ST-ZIP	·		STREET ADDRESS CITY-ST-ZIP	;				
TLE		☐ Delete		<del> </del>	<u> </u>			
WE		La Delete	TITLE NAME			Ch	ange	☐ Addition
REET ADDRESS TY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TLE .		☐ Delete	TITLE	<del> </del>				
ME Reet adoress			NAME	1		☐ Cha	nuðe	☐ Addition
Y-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
<ul> <li>I hereby ce indicated o of the corpo changed, o</li> </ul>	rtify that the information supplied with this in this report or supplemental report is true pration or the receiver or trustee empower or an attachment with an endress, with	s filing does not qualify for the eard accurate and that my tredito execute this report as all other like emporations.	e exemption sta signature shall t required by Ch.	ated in Section have the same apter 607, Fjor	119.07(3)(i), Florida Statutes. I legal effect as if made under o ida Statutes: and that my name	further certify that with; that I am an of	the info	ormation or director