

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90019 017 ***150.00

DOCUMENT # P97000034601

1. Entity Name

CHADEB, INC.

Principal Place of Business

**2365 N.W. 45TH STREET
BOCA RATON FL 33431**

Mailing Address

**1200 BRICKELL AVENUE.. STE 900
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33131

U.S.A.

4. FEI Number **65-0780591**

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

**AGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE., SUITE 900
RRA
MIAMI FL 33131**

Name

AGI Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1200 Brickell Avenue

Suite 900

City

Miami

FL

Zip Code

33131

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HERINGTON, CHARLES M**
STREET ADDRESS **2365 N.W. 45TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33431** *address chg*

TITLE ☒ Change ☐ Addition
NAME **c Charles Herington**
STREET ADDRESS **6600 N. Andrews Ave, Ste 500**
CITY-ST-ZIP **Ft Laud, Fl 33309**

TITLE **D** ☐ Delete
NAME **HERINGTON, DEBORAH A**
STREET ADDRESS **2365 N.W. 45TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33431** *address chg*

TITLE ☒ Change ☐ Addition
NAME **Herington, Deborah A**
STREET ADDRESS **6600 N Andrews Ave, Ste 500**
CITY-ST-ZIP **Ft Laud, Fl 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *XCPM*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

March 12, 2001

954 689.3177

CR2E034 (10/00)