

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90137 047 ***150.00

DOCUMENT # P97000047910



1. Entity Name
CHAEI, COOPER & ASSOCIATES, P.A.

Principal Place of Business
**5879 SUNSET DRIVE
SUITE 1
SOUTH MIAMI FL 33143**

Mailing Address
**5879 SUNSET DRIVE
SUITE 1
SOUTH MIAMI FL 33143**



2. Principal Place of Business
1571 SUNSET DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1571 SUNSET DRIVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number **65-0756154**

Applied For

Not Applicable

Zip **33143** Country **USA**

Zip **33143** Country **USA**

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

**CHAEI, MARICE
5879 SUNSET DRIVE
SUITE 1
SOUTH MIAMI FL 33143**

Name
THOMAS T. COOPER
Street Address (P.O. Box Number is Not Acceptable)
1571 SUNSET DRIVE
City **CORAL GABLES** **FL** Zip Code **33143**

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 **Thomas J. Cooper**
Signature, typed or printed name of registered agent and title if applicable.

THOMAS T. COOPER
(NOTE: Registered Agent signature required when reinstating)

1/15/03
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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CHAEI, MARICE**
STREET ADDRESS **5879 SUNSET DRIVE STE 1**
CITY-ST-ZIP **SOUTH MIAMI FL 33143**

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

TITLE **VP** ☐ Delete
NAME **THOMAS T. COOPER**
STREET ADDRESS **1571 SUNSET DRIVE**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: **THOMAS T. COOPER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15, 2003 (305) 666-0125
Date Daytime Phone #

CR2E034 (10/02)