

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90088 005 \*\*\*150.00

**DOCUMENT # P97000049610**

1. Entity Name  
**CHUEDEM, INC.**

Principal Place of Business

**2445 LAKE PANCOAST DRIVE  
 SUITE F  
 MIAMI BEACH FL 33140  
 US**

Mailing Address

**2445 LAKE PANCOAST DR  
 SUITE F  
 MIAMI BEACH FL 33140  
 US**

2. Principal Place of Business

**5700 Collins Ave.  
 Suite, Apt. #, etc.  
 5-D**

3. Mailing Address

**5700 Collins Ave  
 Suite, Apt. #, etc.  
 Suite 5-D**

City & State

**MIAMI Beach, FL.**

City & State

**MIAMI Beach, FL.**

4. FEI Number

**65-0759363**

Applied For

Not Applicable

Zip

**33140**

Country

**U.S.A.**

Zip

**33140**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ALMENDARES, JACQUELINE  
 2445 LAKE PANCOAST DRIVE  
 SUITE F  
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name **Almendares, Jacqueline**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5700 Collins Ave.  
 Suite 5-D**  
 City **MIAMI BEACH** **FL** Zip Code **33140**

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, 2002 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

TITLE **P** ☐ Delete  
 NAME **ALMENDARES, JACQUELINE**  
 STREET ADDRESS **2445 LAKE PANCOAST DRIVE SUITE F**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VP** ☐ Delete  
 NAME **ELIAS, MARLEN**  
 STREET ADDRESS **2445 LAKE PANCOAST DRIVE SUITE F**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5700 Collins Ave 5-D**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5700 Collins Ave 5-D**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Change ☐ Addition  
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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 an otherlike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)