

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91159 031 ***158.75

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000052982
 1. Entity Name
CHISESI ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4750 NW 74 PLACE
 Suite, Apt. #, etc.

3. Mailing Address
4750 NW 74 PLACE
 Suite, Apt. #, etc.

80061920

DO NOT WRITE IN THIS SPACE

City & State COCONUT CREEK FL City & State COCONUT CREEK FL
 4. FEI Number 65-0761589 Applied For
 Not Applicable
 Zip 33028 Country BROWARD Zip 33075 Country BROWARD
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name CHISESI, STEFANO
 Street Address (P.O. Box Number is Not Acceptable)
1030 SW 42 TRV
 City Deerfield Bch FL Zip Code 33442

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] 3/25/2002
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)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>CHISESI, STEFANO Pres</u> <u>1030 SW 42 TRV</u> <u>Deerfield Bch FL 33442</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 supplement to 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3/25/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE

CR2E034B (12/01)