

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070354

1. Entity Name

CHEDIAK CORPORATION

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90009 050 ***150.00

Principal Place of Business

Mailing Address

318 INDIAN TRACE
#525
WESTON FL 33326

318 INDIAN TRACE
#525
WESTON FL 33326-2996

2. Principal Place of Business

1960-4 NORTH COMMERCE PARKWAY

3. Mailing Address

1960-4 NORTH COMMERCE PARKWAY

Suite, Apt., etc.

Suite, Apt., etc.



DO NOT WRITE IN THIS SPACE

City & State

WESTON - FL.

City & State

WESTON - FL.

4. FEI Number

65-0775384

Applied For

Not Applicable

Zip

33326

Country

USA.

Zip

33326

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

CHEDIAK, JOSE M
720 JUNIPER LN
WESTON FL 33327

Name

JOSE M. CHEDIAK

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

1752 Victoria Point Circle

City

WESTON

FL

Zip Code

33327

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

for Jose M. Chediak President JOSE M. CHEDIAK

3/30/2000

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	CHEDIAK, JOSE M	
STREET ADDRESS	720 JUNIPER LANE	
CITY-ST-ZIP	WESTON F; 33327	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHEDIAK, MARIA J	
STREET ADDRESS	720 JUNIPER LANE	
CITY-ST-ZIP	WESTON F; 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEDIAK, JOSE M.	
STREET ADDRESS	1752 VICTORIA POINT CIRCLE	
CITY-ST-ZIP	WESTON FL. 33327	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEDIAK, MARIA J.	
STREET ADDRESS	1752 VICTORIA POINT CIRCLE	
CITY-ST-ZIP	WESTON FL. 33327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

for Jose M. Chediak JOSE M. CHEDIAK

3/30/2000

Date

(954) 659-0160

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)