

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000083049**

1. Entity Name  
**CHAMUS, INC.**

Principal Place of Business  
**250 CATALONIA AVE  
SUITE 705  
CORAL GABLES FL 33134  
US**

Mailing Address  
**250 CATALONIA AVE  
SUITE 705  
CORAL GABLES FL 33134**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

#### 6. Name and Address of Current Registered Agent

**ALHAMBRA REGISTERED AGENTS, INC.  
2 ALHAMBRA PLAZA, STE. 1202  
CORAL GABLES FL 33134**

Name

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

City

**FL** Zip Code

4. FEI Number **65-0893743**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

#### 7. Name and Address of New Registered Agent

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.  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RINCON, LUIS A 250 CATALONIA AVE., STE. 705 CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *John P. Hause*

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/02

305-5924300

Daytime Phone #

FILED  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90137 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

AV  
120-288

CR2E034 (9/01)