

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 23, 2001 8:00 am
Secretary of State

0163066

05-23-2001 90216 001 13,650.00

DOCUMENT # P97000089527

1. Entity Name

CHABLIS INTERNATIONAL HOLDINGS, INC.

Principal Place of Business

**343 ALMERIA AVE
CORAL GABLES FL 33134**

Mailing Address

~~**343 ALMERIA AVE
CORAL GABLES FL 33134**~~

2. Principal Place of Business

1840 SW 22 Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

4th Floor

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33145

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

**Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street
4th Floor
City Miami FL Zip Code 33145**

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

By: **Spiegel & Utrera, P.A.**

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

4/27/019. 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, 2001 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 D
NAME SANCHEZ, ELSIE
STREET ADDRESS 343 ALMERIA AVE
CITY-ST-ZIP CORAL GABLES FL 33134** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete**TITLE
NAME
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CITY-ST-ZIP** ☐ Delete**TITLE
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CITY-ST-ZIP** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elsie Sanchez

Date

4/27/01

Daytime Phone #

CR2E034 (10/00)