

2001 UNIFORM BUSINESS REPORT (ÜBR)

DOCUMENT # **P98 000013679**

i. Entity Name

51 CHAFFEE HOLDINGS CORP.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90075 050 ***150.00

Principal Place of Business Mailing Address
 1776 N Pine Island Road 1776 N Pine Island Road
 Suite 216 Suite 216
 Plantation, FL 33322 Fort Lauderdale, FL 33322-5223

A0062751

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 65-0629034 Applied For Not Applicable
 Zip Country Zip Country 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
 Filings, Inc. Gina M. Wojciechowski
 3732 NW 16 Street Street Address (P.O. Box Number is Not Acceptable)
 Fort Lauderdale, FL 33311-4132 2164 NE 27 Drive
 City Fort Lauderdale FL Zip Code 33306

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 *Gina M. Wojciechowski* Gina M. Wojciechowski, Vice President 04/24/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00** 10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00** Trust Fund Contribution. ☐
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTSD ☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CRESPI, TED	NAME			
STREET ADDRESS	1776 N PINE ISLAND ROAD, SUITE 218	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP			
TITLE	VP ☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WOJCIECHOWSKI, GINA M.	NAME			
STREET ADDRESS	2164 NE 27 DRIVE	STREET ADDRESS			
CITY-ST-ZIP	WILTON MANORS, FL 33306	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: *Gina M. Wojciechowski* Gina M. Wojciechowski 04/24/01 954-565-5257
 Signature and typed or printed name of signing officer or director Date Daytime Phone #
 Vice President

CR2E034 (11/00)