

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049463

1. Entity Name

CHAMBRAY AVENUE DESIGN STUDIO, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90960 046 ***158.75

Principal Place of Business

Mailing Address

2895 BISCAYNE BLVD
 SUITE 425
 MIAMI FL 33137
 US

2895 BISCAYNE BLVD
 SUITE 425
 MIAMI FL 33137-4537
 US

2. Principal Place of Business

1500 BRICKELL AVE

3. Mailing Address

1500 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0840807

Applied For

Not Applicable

Zip

33129

Country

Zip

33129

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

ADHARSINGH, CARLOS T
 2895 BISCAYNE BLVD
 #425
 MIAMI FL 33137

Name

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

2680 SW 34th AVE

City

MIAMI

FL

33133

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

Carlos T Adharsingh

04/28/00

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)

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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.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
 NAME ADHARSINGH, CARLOS T
 STREET ADDRESS 2895 BISCAYNE BLVD #425
 CITY-ST-ZIP MIAMI FL 33137

☐ Delete

TITLE
 NAME
 STREET ADDRESS 2680 SW 34th AVENUE
 CITY-ST-ZIP MIAMI FLORIDA 33133

☒ Change

☐ Addition

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 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:

Carlos T Adharsingh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

305/446-0841

CR20014 (1/99)