## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

5100 N FEDERAL HWY

## P99000012793 DOCUMENT #

1. Entity Name

Principal Place of Business

5100 N FEDERAL HWY

C.H.A.D. ENTERPRISES OF SOUTH FLORIDA, INC.



## **FILED** Mar 07, 2003 8:00 am § Secretary of State 03-07-2003 90141 019 \*\*\*150.00

	03-07-2003 30141 013
·	( 1881)987 (18 181)8 (91) 981)1 881)1 881(1 881(1 881(1 1

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2. Principal I	2. Principal Place of Business			3. Mailing Address				<b>i i</b> i i i i i i i i i i i i i i i i i	arii arii foi			
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State City &				y & State			4. FEI Number 65-0483529				Applied For Not Applicable	
Zip		Country	Zip Coun				5. Certificate	dditional red				
	6. Name	and Address of Cu	rrent Registe	red Agent			7. Name and	Address of New	Registerer			
RANEY, A.E.					Name							
	EDERAL HI	GHWAY			Stree	Street Address (P.O. Box Number is Not Acceptable)						
,	ERDALE FL		*									
*	•				City				F	_ 1		
8. The above the obligat	e named entity tions of regist	y submits this statem ered agent.	ent for the pui	pose of changing its	registered office	or registere	d agent, or bo	th, in the State of F	lorida. I an	n familiar with	n, and accept	
SIGNATURE.	Signature typed	or printed name of registered	d anent and title if a	projection (NOTE	. Registered Agent sig	popular manifest		· .				
(A) (A) (B)				Spiloadie. (NOTE	Hegistered Agent sig	Illastrie reduiled w	vieri reinstating)		DATE			
		! FEE IS \$150.00					<b>9</b> E/a	ection Campaign F	Enancina	¢.		
		3 Fee will be \$556					I	st Fund Contribut	_	☐ Adde	00 May Be ed to Fees	
	k Payable to	Florida Departme										
10.	I	OFFICERS	AND DIRECT	ORS	11.		ADDITIONS	CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 11	
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NAME	RANEY, A.				NAME	570	A AL FA	ICHE EDERAL 1	Lay #	300		
STREET ADDRESS		DERAL HWY # 30	JU		STREET ADDRES		, , , , , , , , , , , , , , , , , , ,	125		_	}	
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CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP	5					ſ	
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NAME				☐ Delete	TITLE NAME	1				☐ Change	☐ Addition	
STREET ADDRESS					STREET ADDRESS	:						
CITY-ST-ZIP					CITY-ST-ZIP							

12. 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 of produced by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #