

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043411

1. Entity Name
CHUMI REAL ESTATE HOLDINGS, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90283 050 ***150.00

Principal Place of Business
**901 PONCE DE LEON BLVD.
SUITE 601
CORAL GABLES FL 33134**

Mailing Address
**901 PONCE DE LEON BLVD.
SUITE 601
CORAL GABLES FL 33134**

641952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0993673**

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

☒ **SEGREGO, FRANK J
901 PONCE DE LEON BLVD.
SUITE 601
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **RICHARD T. RAZOOK**

Street Address (P.O. Box Number is Not Acceptable)
**C/O CARDINAL MANAGEMENT LLC
800 BRICKELL AVENUE
SUITE 201**

City **MIAMI** FL Zip Code **33131**

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 (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)

**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☒ Delete	TITLE	D, P, T	☐ Change ☒ Addition
NAME	SEGREGO, FRANK J		NAME	DACCACH, MICHEL	
STREET ADDRESS	901 PONCE DE LEON BLVD. SUITE 601		STREET ADDRESS	1045 MARINER DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149	
TITLE		☐ Delete	TITLE	D, VP, S	☐ Change ☒ Addition
NAME			NAME	DACCACH, SONIA	
STREET ADDRESS			STREET ADDRESS	1045 MARINER DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149	
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
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		

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 reports 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: **4/12/01** **(305) 350-7200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)