

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90063 021 ***558.75

DOCUMENT # P99000043411

1. Entity Name
CHUMI REAL ESTATE HOLDINGS, INC.



Principal Place of Business
800 BRICKELL AVENUE
SUITE 201
MIAMI FL 33131

Mailing Address
800 BRICKELL AVENUE
SUITE 201
MIAMI FL 33131

2. Principal Place of Business
100 Crandm Blvd.
Suite, Apt. #, etc.
316

3. Mailing Address
100 Crandm Blvd.
Suite, Apt. #, etc.
316

City & State
Key Biscayne, FL
Zip
33149

City & State
Key Biscayne, FL
Zip
33149

4. FEI Number **65-0993673**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DACCACH, SONIA
1045 MARINER DRIVE
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	DPT	☐ Delete
NAME	DACCACH, MICHEL	
STREET ADDRESS	1045 MARINER DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	SDVP	☐ Delete
NAME	DACCACH, SONIA	
STREET ADDRESS	1045 MARINER DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 as required 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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (4/03)