

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051484

1. Entity Name

CHAPI HOMES, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90085 016 \*\*\*150.00

Principal Place of Business

70 NE 174 DRIVE  
 NORTH MIAMI BEACH FL 33162

Mailing Address

70 NE 174 DRIVE  
 NORTH MIAMI BEACH FL 33179-2933

2. Principal Place of Business

233 N.E. 199 Terrace

3. Mailing Address

233 N.E. 199 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

4. FEI Number

65-0958225

Applied For

Not Applicable

Zip

Country

33179

U.S.A.

Zip

Country

33179

U.S.A.

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

CHAVEZ, JESUS A  
 70 NE 174 DRIVE  
 NORTH MIAMI BEACH FL 33162

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.

SIGNATURE

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) ☐

**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. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME CHAVEZ, JESUS A  
 STREET ADDRESS 70 NE 174 DRIVE  
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

☐ Delete

TITLE  
 NAME 233 N.E. 199 Terrace  
 STREET ADDRESS NORTH MIAMI BEACH, FL 33179  
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 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:

JESUS A. CHAVEZ

04-25-00

Date

305-652-8441

Daytime Phone #

CR2E034 (9/99)