

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

p99000054885

1. Entity Name

CHABEA CORPORATION

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90041 032 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

2740 BUSINESS CENTER BLV

3. Mailing Address

2740 BUSINESS CENTER BLV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT #3

UNIT #3

City & State

City & State

MELBOURNE FL

MELBOURNE FL

Zip

Country

Zip

Country

4. FEI Number

59-3582670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRONISLAW CHRZANOWSKI
7667 N WICKHAM RD #1010
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

BRONISLAW CHRZANOWSKI

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

2740 BUSINESS CENTER BLV. UNIT #3

City

MELBOURNE

FL

Zip Code

32940

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONISLAW CHRZANOWSKI
STREET ADDRESS	7667 N WICKHAM RD #1010
CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRONISLAW CHRZANOWSKI 4-17-00

CR2E034 (9/99)