

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065019

1. Entity Name
CHETOLA HOLDINGS FLORIDA INC.



FILED

03 JUN -6 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9655 SOUTH DIXIE HIGHWAY
3RD FLOOR
MIAMI FL 33156
US

Mailing Address
9655 SOUTH DIXIE HIGHWAY
3RD FLOOR
MIAMI FL 33156
US

2. Principal Place of Business
1221 Brickell Ave,
Suite, Apt. #, etc.
9th. Floor, Ste 928
City & State
Miami - FL

3. Mailing Address
1221 Brickell Ave,
Suite, Apt. #, etc.
9th. Floor, Ste 928
City & State
Miami - FL

☐ CHECK HERE IF MAKING CHANGES

Zip
33131
Country
USA

Zip
33131
Country
USA

4. FEI Number 65-0990900

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ABITANTE, JOHN L
9655 SOUTH DIXIE HIGHWAY
3RD FLOOR
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12340 North East 6th Court
City
North Miami FL Zip Code
33161

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTINS, JOSE P 9655 SOUTH DIXIE HIGHWAY, 3RD FLOOR MIAMI FL 33156 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUENO, ELISETE MARIA 1221 BRICKELL AVE, 9th. FLOOR, STE 928 MIAMI - FL- 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

May 28, 2003 (1-305) 372-0844
Day's Daytime Phone #

CR2E034 (10/02)