

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90156 025 \*\*\*150.00

DOCUMENT # P99000105853

1. Entity Name

CHAYANI INTERNATIONAL INC

DO NOT WRITE IN THIS SPACE

35756.

2. Principal Place of Business

1535 NORTH PARK DR

Suite, Apt. #, etc.

SUITE 100

City &amp; State

WESTON FL

Zip

33326

Country

BROWARD

3. Mailing Address

743 SHOTGUN RD

Suite, Apt. #, etc.

.

City &amp; State

SUNRISE FL

Zip

33326

Country

BROWARD

4. FEI Number

65-0976919.

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

POTES, MARIA

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

743 SHOTGUN RD

City

SUNRISE

FL

Zip Code

33326

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 the fee.

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE	P-D
NAME	MARIA F. POTES.
STREET ADDRESS	743 SHOTGUN RD
CITY-ST-ZIP	SUNRISE FL 33326.
TITLE	John SALAZAR.
NAME	- VP
STREET ADDRESS	945 - SHOTGUN RD 743 SHOTGUN RD
CITY-ST-ZIP	SUNRISE FL. 33326.
TITLE	
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CITY-ST-ZIP

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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 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 #

CR2E034B (12/01)