2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90137 027 ***150.00

DOCUMENT # P99000105853

1. Entity Name
CHAYANI INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1535 NORTH PARK DR. SUITE 100 WESTON, FL 33326	743 SHOTGUN RD FORT LAUDERDALE, FL 33326

2. Principal Place of Business		3. Mailing Address	
2144 Quail Roost Dr.		2144 Quail Roost Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Weston, FL		City & State: Weston, FL	
Zip: 33327	Country: U.S.A.	Zip: 33327	Country: U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0976919 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POTES, MARIA
743 SHOTGUN RD
FORT LAUDERDALE, FL 33326

7. Name and Address of New Registered Agent

Name: Potes Maria F.
Street Address (P.O. Box Number is Not Acceptable): 2144 Quail Roost Dr.
City: Weston 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/20/03
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POTES, MARIA F 743 SHOTGUN RD WESTON, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Potes, Maria, F 2144 Quail Roost Dr. Weston FL 33327.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALAMAR, JOHN 945 SHOTGUN RD FORT LAUDERDALE, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-S. Salazar John 1003 Shotgun Rd Sunrise FL 33326.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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] 4/30/03 954-394-1956.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #