

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S 38208

Entity Name

NATIONAL HEBREW CHATT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -3 PM 4:21

Principal Place of Business Mailing Address
518 ARTHUR GODFREY ROAD 518 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140-3510 MIAMI BEACH, FL 33140-3510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0051523

Applied For

Not Applicable

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

ROCK, HANA
353 W 42ND STREET
MIAMI BEACH, FL 33140

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, 2002, Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME ☐ DeleteDPS
ROCK, HANA
353 W 42ND STREET
MIAMI BEACH, FL 33140STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME ☐ DeleteSTREET 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, 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 #

CR2E034 (9/01)