2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

HALLANDALE FL 33009

502 NE 6 ST

UNIFORM BUSINESS REPORT (UBR) S82092 DOCUMENT # 1. Entity Name

CHRIS RENOVATIONS, INC.

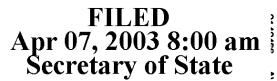
Principal Place of Business

2. Principal Place of Business

HALLANDALE FL 33009

Suite, Apt. #, etc.

502 NE 6 ST



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04-07-2003 91001 006 ***15
Liaanhara (ex janua (ran aanka rana kidi akak) dibin dibin dibin eken eken eken

City & State		City & State			4. FEI Number CE 0000400		Ar	oplied For	
					65-0286466		No	ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6	. Name and Address of Curre	ent Registered Agent	1	<u>.</u>	7. Name and Address of New Reg	istered Ac	ent		
		· · · · · · · · · · · · · · · · · · ·	N	ame		i			
LACHANCE, C	CHRISTIAN								
502 NE 6 ST				Street Address (P.O. Box Number is Not Acceptable)					
HALLANDALE	FL 33009			*****		1			
			C	ity		FL	Zip Code	е	
The above name the obligations SIGNATURE	ned entity submits this statemen of registered agent.	t for the purpose of changing i	ts registered o	ffice or registere	ed agent, or both, in the State of Florid	la. I am far	niliar with,	and accept	
			OTE: Registered Age	ered Agent signature required when reinstating)			DATE		
After Ma	NOW!!! FEE IS \$150.00 y 1, 2003 Fee will be \$550.0 yable to Florida Department		رح مدي در حري	ಪ್ರಶೇಷ () ಭರ್ಗಣವ	9: Election Campaign Finar Trust Fund Contribution.	ncing -		0 May Be I to Fees	
10. '`	OFFICERS AI	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	ERS AND D	IRECTORS	3 IN 11	
τιτιε D		☐ Delete	TITLE			, ,	Change	Addition	
NAME I A	MANCE CUDICTION		NAME			-		_	

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACHANCE, CHRISTIAN 502 NE 6 ST HALLANDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROUX, EUCLIDE 4001 HILLCREST DR APART 114 BLDG 26 HOLLYWOOD FL	☐ 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		☐ Delete	TITLE NAME "STREET ADORESS" 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			

12. I hereby certify that the information supplied with this filling 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 address with all other like empowered.

SIGNATURE:

954-454-2326