

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90164 011 ***150.00

DOCUMENT # P97000064131

1. Entity Name
A CHE' FRANCISCA INC.

Principal Place of Business Mailing Address
1570 WEST 43 PLACE #6 **1570 WEST 43 PLACE #6**
HIALEAH FL 33012 **HIALEAH FL 33012-7647**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1570 W. 43 PL. **1570 W. 43 PL.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hialeah **Hialeah**

4. FEI Number Applied For
65-0774298 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33012 **FLORIDA** **33012** **FLORIDA** **23-05-484341-2-3**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUENAS, HILDA
1570 WEST 43 PLACE #6
HIALEAH FL 33012

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 *Hilda Duenas* DATE 04-17-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00~~
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hilda Duenas* Date 04-17-00 Daytime Phone # 305-825-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)