00 MAR 24 PM 1:26

305) 436-7286

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099944

1. Entity Name

SIGNATURE:

INVERSIONES CHICRIS 21, CORP.

| | | | | | | SEC | RETABLE A | 3 P* (3 m + m) | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------|----------------------|---------------------|-----------------------------------------|---------------------------------------------|-----------------------------------------|----------------------------|---------------------------|--------------------------------|--|
| Principal Place | e of Business | Mailing Address | Mailing Address | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| 360 NW 107TH AVE 4380 NW 107TH AVE | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | FLUMIDA | | | |
| 1205 IIAMI FL 33178 | | #205 MIAMI FL 33178-1886 | | | | | | | | | |
| HAMI FL 33170 | , | WIFINI 1 E 30170 1000 | | | | 1 140H BI (10 H | 1181 18111 88111 681 |) | | EN 488 1881 | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | | | | | | | | | |
| | W 115th Cover | 5650 NW 115th COURT | | | | | | | u 10310 181 41 018 | iii bib i (bb i | |
| Suite, Apt. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| # 208 | | # 208 | | | | CCI Number | | | I IAn | plied For | |
| City & State | | City & State HIAMI. FLORI | MIAMI, FLORIDA | | | FEI Number | 65-089326 | 64 | _ | t Applicable | |
| Zip | Country | Zip Cour | | ntry | | Certificate of St | tatue Decired | | 8.75 Add | litional | |
| 37178 | | 33178 | | | | | | _ | ee Required | <u>t</u> | |
| | 6. Name and Address of Current | Registered Agent | egistered Agent Name | | | 7. Name and Address of New Registered Agent | | | | | |
| NIGO LEGROLPO | | | | Ivallie | | | | | | | |
| | , LEOPOLDO West 49th Street | Street Address | | | ldress (P.O. B | Box Number is f | Not Acceptabl | e) | | | |
| | E 207 | | F | | | | | | | | |
| | EAH FL 33012 | | | - | | | | | Tim Cod | | |
| | | | City | | | | FL | Zip Code | 3 | | |
| B. The above | named entity submits this statement fo | r the purpose of changing its | registere | d office or | registered ag | jent, or both, in | the State of FI | lorida. | | | |
| | | | | | | | | | | | |
| SIGNATURE _ | *** | (NOT | F. D. sistana | A i i | | | | DATE | | | |
| | Signature, typed or printed name of registered agent a | | | | re required when re | emistating) | | | | | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$1 After MAY 1, 2000 Fee will be | | | | | | 10. Election | n Campaign Fi | | | 0 May Be | |
| • | equirement and elects to do so. | Make Check Payat | | | | Trust Fu | and Contribution | on. \square | Added | to Fees | |
| 11. | OFFICERS AND | | 12. | <u> </u> | | DDITIONS/CHA | ANGES TO OF | FICERS AND | DIRECTOR! | S IN 11 | |
| TITLE | PD | ☐ Delete | TITLE | | PTD | <u>.</u> | | | ☐ Change | Addition | |
| NAME | LOMENA, CARLOS | | NAME | | LOMENA | CARLOS | 5 00-41 1 | ۵, | | | |
| STREET ADDRESS | 4360 NW 107TH AVE #205 | | | T ADDRESS ST-ZIP | | | | 0 / | | | |
| CITY-ST-ZIP | MIAMI FL 33178 VD | | | 51-2IF | mitter, | FL 3317 | 8 | | Change | Addition | |
| TITLE NAMÉ | HENRIQUEZ, REINALDO | Delete | TITLE | | | :⊇iDi(| onos | 195 | | | |
| STREET ADDRESS | 13130 S.W. 128TH ST. | | | T ADDRESS | | | | 1/0001 | | | |
| CITY-ST-ZIP | MIAMI FL 33186 | | CITY- | ST-ZIP | | | | 50.00 | ****15 | | |
| TITLE | TSD | ☐ Delete | TITLE | | V5D | | | | ☐ Change | ☐ Addition | |
| NAME | LOMENA, SANDRA J. | | NAME | | LOMENA | SANDRI | 4 y. | 207 | | | |
| STREET ADDRESS City-St-Zip | 4360 NW 107TH AVE #205 | | | T ADDRESS ST-ZIP | 7020 VV | 115th C | 2001C) T | 201 | | | |
| | MIAMI FL 33178 SD | Delete | TITLE | J1 2.1 | 111111111111111111111111111111111111111 | <u> </u> | 10 | | ☐ Change | Addition | |
| title Name | CACERES, HERNAN | Delete | NAME | | | | | | | | |
| Street address | 4360 NW 107TH AVE #205 | | STREE | T ADDRESS | | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33178 | | CITY- | ST-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | | Change | Addition | |
| NAME | | | NAME | T ADDRESS | | | _ | | | | |
| STREET ADDRESS City-St-Zip | | | • | ST-ZIP | | | . (\ | M | | | |
| TITLE | | ☐ Delete | TITLE | | | | -M | / // | Change | Addition | |
| NAME | | | NAME | | | | 111 | \mathcal{M} | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | $\mathcal{O}(\mathcal{O})$ | | | |
| CITY-ST-ZIP | | | | ST-ZIP | | | | | | | |
| indicated | ertify that the information supplied with on this report or supplemental report is | true and accurate and that t | mv sianat | ire chall h | ave the same. | ilegal effect as | ut made under | r oain: inai i a | ım an onicer | or unector | |
| of the cor | poration or the receiver or trustee emplor on an attachment with a laddress, | owered to execute this report | : as requir | ed by Cha | pter 607, Flori | rida Statutes; ai | nd that my nar | ne appears in | Block 11 or | Block 12 if | |
| J | / ////_ | 7 7 7 | | MAD: | | | | , | | | |

CARLOS

LOHENA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR