

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
05-02-2000 90145 013 \*\*\*150.00  
AND  
FILED

DOCUMENT # P99000034423

1. Entity Name  
**CHIP'S TIPS, INC.**

00 JUN -1 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**MENORES AVE 343 MENORES AVE**  
**CORAL GABLES FL 33134 CORAL GABLES FL 33134-3840**

Principal Place of Business 3. Mailing Address  
**4001 SANTA BARBARA BLVD 4001 SANTA BARBARA BLVD**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**241 241**  
City & State City & State  
**NAPLES FL NAPLES FL**  
Zip Zip Country Country  
**34104 USA 34104 USA**

4. FEI Number Applied For  
 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CURCIO, CHIP**  
**343 MENORES AVE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

| ST-ZIP | NAME                   | STREET ADDRESS         | CITY-ST-ZIP                  | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change                              | Addition                 |
|--------|------------------------|------------------------|------------------------------|-------|------|----------------|-------------|-------------------------------------|--------------------------|
| ST-ZIP | <b>PD CURCIO, CHIP</b> | <b>343 MENORES AVE</b> | <b>CORAL GABLES FL 33134</b> |       |      |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
| ST-ZIP | <b>Michele Caulee</b>  | <b>337 Buchanan St</b> | <b>NAPLES FL 34104</b>       |       |      |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
| ST-ZIP |                        |                        |                              |       |      |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
| ST-ZIP |                        |                        |                              |       |      |                |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ST-ZIP |                        |                        |                              |       |      |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
| ST-ZIP |                        |                        |                              |       |      |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |

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: **CHIP CURCIO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/24/00**  
Daytime Phone #: **305 444-7931**

CR2E034 (9/99)