

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032745

1. Entity Name

CHAMP PROPERTIES, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90083 041 ***150.00

Principal Place of Business

Mailing Address

2170 OPA LOCKA BOULEVARD
OPA LOCKA FL 33054

2170 OPA LOCKA BOULEVARD
OPA LOCKA FL 33054-4230

2. Principal Place of Business

3. Mailing Address

6466 NW 5 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT LAUDERDALE FL

Zip

Country

Zip

Country

33309

USA

4. FEI Number

65-0910353

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

LILLIAN V. MONTERREY

Street Address (P.O. Box Number is Not Acceptable)

2170 OPA LOCKA BLVD.

City

OPA LOCKA

FL

Zip Code

33054

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 *Lillian Monterrey* 3/23/00
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, 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

TITLE PSTD ☐ Delete
NAME MONTERREY, LILLIAN V
STREET ADDRESS 2170 OPA LOCKA BOULEVARD
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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: *Lillian Monterrey* 3/23/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)