2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # \$30066** CHIQUITO SERVIPLAST, INC. 04-05-2001 90003 015 ***155.00 Principal Place of Business Mailing Address 2622 SW 3RD ST. 2622 SW 3RD ST. MIAMI FL 33135 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIQUITO, JORGE A. Street Address (P.O. Box Number is Not Acceptable) 2622 SW 3RD ST. **MIAMI FL 33135** Zip Code 8. The above named entity submits this state set for the purces of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ste o agent and title if ap-(NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to sausfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change Addition CHIQUITO, JORGE A NAME NAME STREET ADDRESS 2622 SW 3RD ST. STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MIAMI FL TITLE **Z** Delete TITLE MOYA, EDUARDO G NAME NAME STREET ADDRESS 2622 SW 3RD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami Fl TITLE TITLE Delete CHIQUITO, LUCY V NAME NAME STREET ADDRESS 2622 SW 3RD ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHIQUITO, JUAN CARLOS NAME NAME STREET ADDRESS 2622 SW 3RD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered.