

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90104 010 ***150.00

DOCUMENT # 308057

1. Entity Name
MIGUEL CHINCHILLA VARONA AND ASSOC., INC.

Principal Place of Business 3800 20TH ST VERO BEACH FL 32960 US	Mailing Address N/A P.O. BOX 0 VERO BEACH FL 32961 US
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0003191



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1148266	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PRIETO, JUAN
 4510 ROSEWOOD
 VERO BCH FL 32966**

7. Name and Address of New Registered Agent

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: _____ (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, 2002 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		<input type="checkbox"/> Delete
TITLE TPD	NAME PRIETO, JUAN	<input type="checkbox"/>
STREET ADDRESS 4510 ROSEWOOD	CITY-ST-ZIP VERO BCH FL	
TITLE VSD	NAME PRIETO, JOSE A.	<input type="checkbox"/>
STREET ADDRESS 875 ROYAL PALM BLVD	CITY-ST-ZIP VERO BCH FL 32960	
TITLE V	NAME PRIETO, CARMEN	<input type="checkbox"/>
STREET ADDRESS 4510 ROSEWOOD	CITY-ST-ZIP VERO BCH FL	
TITLE V	NAME PRIETO, FRANCISCO R	<input type="checkbox"/>
STREET ADDRESS 7524 MUTINY AVE	CITY-ST-ZIP MIAMI BCH FL	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02 Date **561567.5115** Daytime Phone #

UBR020300 DS

CR2E094 (9/01)