

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90066 040 \*\*\*150.00

00/0003 H

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**3800**

3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1148266** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE ROSEARAO PRIETO 1/5/03 772 567-5113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)