

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 506739

1. Entity Name

FLORIDA CHAIN CORP.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90091 024 ***150.00

Principal Place of Business

Mailing Address

5356 W 14TH LANE
HIALEAH FL 33012
US

5356 W 14TH LANE
HIALEAH FL 33012
US

2. Principal Place of Business

3. Mailing Address

13032 SW 5TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL

City & State

City & State

Zip

Country

Zip

Country

33184 MIAMI - Dade

4. FEI Number

59-1685724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, ONELIO
5356 WEST 14 LANE
HIALEAH FL 33012

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PTS	<input type="checkbox"/> Delete
NAME	RAMIREZ, ONELIO	
STREET ADDRESS	5356 WEST 14TH LANE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

ONELIO RAMIREZ

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

7/14/2000

(305) 559-8689

Date

Daytime Phone

FLORIDA CHAIN CORP.
5356 W 14TH LANE
HIALEAH, FL 33012

Attachment
506739
BD104456

July 14, 2000

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500-

Ref: Late filing of Uniform Business Report for
Florida Chain Corp.
Document No. 506739
EIN: 59-1685724

Gentlemen:

We just received your Second Notice to file the above reference report. We are filing the report paying the regular fee of \$150.00 since we never received the original form or any other warning that the report had not been filed.

As evidenced by the attached documents, last year we had to reinstate our corporation since the forms had gone to a wrong address due to our fault in not changing an incorrect mailing address on file. Our report that reinstated the corporation was filed on 11/15/99. At this time we changed our mailing address, but it seems that this change might have reached you too late to correct our address.

Although we understand that we should be alert so these things do not happen errors like these happen because our corporation has had very little activity for some time. In view of these circumstances we ask you that the penalty of \$400.00 for late filing be waived.

Sincerely yours,

FLORIDA CHAIN CORP.

