

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90158 035 ***150.00

DOCUMENT # 539250

1. Entity Name
BOCA CHICA, INC.



Principal Place of Business
**417 E SHERIDAN STREET #129
DANIA BEACH FL 33004-4603
US**

Mailing Address
**417 E SHERIDAN STREET #129
DANIA BEACH FL 33004-4603
US**

2. Principal Place of Business
11767 S. DIXIE HWY

3. Mailing Address
11767 S. DIXIE HWY

Suite, Apt. #, etc.
115

Suite, Apt. #, etc.
115

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33156

Country
US

Zip
33156

Country
US

4. FEI Number
59-1798119

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

**DEL VALLE, MILLY
C/O SAGE SOLUTIONS INC
417 E SHERIDAN STREET #129
DANIA BEACH FL 33004-4603**

Name **GERDA CALLAN**

Street Address (P.O. Box Number is Not Acceptable)
11767 S. DIXIE HWY

N° **115**

City **MIAMI**

FL Zip Code
33156

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **DEL VALLE, MILLY**
STREET ADDRESS **417 E SHERIDAN STREET #129**
CITY-ST-ZIP **DANIA BEACH FL 33004-4603**

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

TITLE **S** ☐ Delete
NAME **CALLAN, GERDA**
STREET ADDRESS **11767 S DIXIE HWY #115**
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Gerda Callan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

(305) 261-5573

Date

Daytime Phone #

CR2E034 (10/02)