

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 803218

1. Entity Name

CHILEAN NITRATE CORPORATION

SEE ATTACHED

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90040 004 \*\*\*150.00

|  |   |
|--|---|
| Principal Place of Business<br>150 BOUSH STREET, SUITE 701<br>NORFOLK VA 23510 | Mailing Address<br>150 BOUSH STREET, SUITE 701<br>NORFOLK VA 30339-3256 |
|--|---|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>3101 TOWERCREEK PARKWAY<br>Suite, Apt. #, etc.<br>SUITE # 450 | 3. Mailing Address<br>3101 TOWERCREEK PARKWAY<br>Suite, Apt. #, etc.<br>SUITE # 450 |
|---|---|

|                            |                             |                             |  |
|----------------------------|-----------------------------|-----------------------------|--|
| City & State<br>ATLANTA GA | City & State<br>ATLANTA, GA | 4. FEI Number<br>13-4995710 | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br>30339               | Country<br>USA              | Zip<br>30339                | Country<br>USA   |

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State.</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS                     |  |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|--|--|---------------------------------|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FARIAS, GUILLERMO<br>150 BOUSH ST., SUITE 701<br>NORFOLK VA | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>FARIAS, GUILLERMO<br>3101 TOWERCREEK PARKWAY, SUITE 450<br>ATLANTA GA  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>LUDERS, CHRISTIAN<br>150 BOUSH ST, STE 701<br>NORFOLK VA    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>LUDERS, CHRISTIAN<br>3101 TOWERCREEK PARKWAY, SUITE 450<br>ATLANTA, GA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>KEENAN, KEVIN T<br>150 BOUSH ST, STE 701<br>NORFOLK VA      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>RUIZ, IGNACIO<br>3101 TOWERCREEK PARWAY, SUITE 450<br>ATLANTA, GA      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *Guillermo Farias*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #