

# 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  
150 BOUSH STREET, SUITE 701  
NORFOLK VA 23510

Mailing Address  
150 BOUSH STREET, SUITE 701  
NORFOLK VA 30339-3256

2. Principal Place of Business  
3101 TOWERCREEK PARKWAY

3. Mailing Address  
3101 TOWERCREEK PARKWAY

Suite, Apt. #, etc.  
SUITE # 450

Suite, Apt. #, etc.  
SUITE # 450

City & State  
ATLANTA GA

City & State  
ATLANTA, GA

Zip  
30339

Country  
USA

Zip  
30339

Country  
USA

4. FEI Number  
13-4995710

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 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

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 \$150.00**  
**After MAY 1, 2000 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

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | P                        | <input type="checkbox"/> Delete |
| NAME           | FARIAS, GUILLERMO        |                                 |
| STREET ADDRESS | 150 BOUSH ST., SUITE 701 |                                 |
| CITY-ST-ZIP    | NORFOLK VA               |                                 |
| TITLE          | S                        | <input type="checkbox"/> Delete |
| NAME           | LUDERS, CHRISTIAN        |                                 |
| STREET ADDRESS | 150 BOUSH ST, STE 701    |                                 |
| CITY-ST-ZIP    | NORFOLK VA               |                                 |
| TITLE          | T                        | <input type="checkbox"/> Delete |
| NAME           | KEENAN, KEVIN T          |                                 |
| STREET ADDRESS | 150 BOUSH ST, STE 701    |                                 |
| CITY-ST-ZIP    | NORFOLK VA               |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | P                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | FARIAS, GUILLERMO                  |  |
| STREET ADDRESS | 3101 TOWERCREEK PARKWAY, SUITE 450 |  |
| CITY-ST-ZIP    | ATLANTA GA                         |  |
| TITLE          | S                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LUDERS, CHRISTIAN                  |  |
| STREET ADDRESS | 3101 TOWERCREEK PARKWAY, SUITE 450 |  |
| CITY-ST-ZIP    | ATLANTA, GA                        |  |
| TITLE          | T                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | RUIZ, IGNACIO                      |  |
| STREET ADDRESS | 3101 TOWERCREEK PARKWAY, SUITE 450 |  |
| CITY-ST-ZIP    | ATLANTA, GA                        |  |
| 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    |                                    |  |

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

Date

Daytime Phone #