

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001887**

1. Entity Name
CHIOCCA GROUP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -3 PM 6:52

Principal Place of Business: **10435 S.W. 133RD COURT MIAMI FL 33186**
Mailing Address: **10435 S.W. 133RD COURT MIAMI FL 33186-3447**



2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**FEUERMAN, JONATHAN ESQ.
C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVE., SUITE 2400
MIAMI FL 33131**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$990.00**
10. Amount of Capital Contributions in FLORIDA to date: _____
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P99000099914 ALB-VIN, INC. 10435 S.W. 133RD COURT MIAMI FL 33186	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	100003172501--2 -03/16/00--01060--013 BK ****141.25 ****141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	BK
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **G. J. CHIOCCA**
G. J. Chiocca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: **2/28/00**
Daytime Phone #: **305-377-4228**

CR2E003 (9/99)