

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90252 012 \*\*\*158.75

**DOCUMENT # F01000006405**

1. Entity Name

CHAVEZ GIL, S.A. CORP.

Principal Place of Business

9633 SW 134 PLACE  
 MIAMI FL 33186

Mailing Address

9633 SW 134 PLACE  
 MIAMI FL 33186

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

75-2977352

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CHAVEZ, THELMA  
 9633 SW 134 PLACE  
 MIAMI FL 33186

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

*Thelma Chavez*

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, 2002 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 ~~VP~~ ☒ Delete  
 NAME CHAVEZ GIL, ORLANDO  
 STREET ADDRESS VILLA FONTANA NO. 24  
 CITY-ST-ZIP MANAGUA NICARAGUA

TITLE ~~VP - President~~ ☐ Delete  
 NAME CHAVEZ, THELMA  
 STREET ADDRESS 9633 SW 134 PLACE  
 CITY-ST-ZIP MIAMI FL 33186

TITLE DS ☐ Delete  
 NAME CHAVEZ GIL, EDGAR  
 STREET ADDRESS LAS PALMAS #1131  
 CITY-ST-ZIP MANAGUA, NICARAGUA

TITLE DT - VCP ☐ Delete  
 NAME CHAVEZ GIL, RINA  
 STREET ADDRESS RESIDENCIAL LAS BRISAS #23  
 CITY-ST-ZIP MANAGUA, NICARAGUA

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PRESIDENT ☒ Change ☐ Addition  
 NAME CHAVEZ, THELMA  
 STREET ADDRESS 9633 SW 134 PLACE  
 CITY-ST-ZIP MIAMI FL 33186

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

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

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

TITLE ☐ Change ☐ 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:

*Thelma Chavez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02

Date

305-382 7465

Daytime Phone #

CR2E034 (9/01)