

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 03, 2000 8:00 am**
Secretary of State

03-03-2000 90010 047 ***150.00

DOCUMENT # F98000003506

Entity Name

CHILEAN TRADING CORPORATION

Principal Place of Business

Mailing Address

**NORTH ANDREWS AVENUE, SUITE 230
LAUDERDALE FL 33309****5900 NORTH ANDREWS AVENUE, SUITE 230
FORT LAUDERDALE FL 33309-2366**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4995733

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PC GUARDA, CARLOS E 5900 NORTH ANDREWS AVENUE, SUITE 230 FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUARDA, CARLOS E. 5900 N. ANDREWS AVENUE, SUITE 230 FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V HARAMBOUR, ALBERTO 3050 POST OAK BLVD., SUITE 1160 HOUSTON TX 77056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
S GARCIA, SIGFREDO 124 EAST 55TH STREET NEW YORK NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, SIGFREDO 535 MADISON AVENUE, 9TH FLOOR NEW YORK, N.Y. 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T RIVEROS, JORGE 5900 NORTH ANDREWS AVENUE, SUITE 230 FORT LAUDERDALE FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
AT ARANCIBIA, RICARDO 5570 NW 61ST ST COCONUT CREEK FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARDO, ARTURO S. 5900 N. ANDREWS AVENUE, SUITE 230 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

ARTURO PARDO**02-10-2000 954-229-8005**

Date

Daytime Phone #

CR2E034 (9/99)