

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015909 AF

DOCUMENT # L00000000714

1. Entity Name

434 CHILEAN OPERATING COMPANY, L.C.

FILED

01 FEB -7 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

233 TRADEWIND CIRCLE  
PALM BEACH FL 33480

Mailing Address

233 TRADEWIND CIRCLE  
PALM BEACH FL 33480

2. Principal Place of Business

434 Chilean Ave

Suite, Apt. #, etc.

Managers office

City & State

Palm Beach, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

65-0982357

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROBERG, PETER S  
223 PERUVIAN AVENUE  
PALM BEACH FL 33480

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MANAGING MEMBER  
WILLIAM COOLEY  
233 TRADEWIND DR  
PALM BEACH, FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MANAGING MEMBER  
MILLARD OAKLEY  
1014 MAIN ST.  
LIVINGSTON, TN 38570

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
900003677659--0  
-02/13/01--01102--018

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William Cooley, Mg. Member*

2/1/01

5618440612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)