

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003044

1. Entity Name
CHIA IMPORTS, L.C.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90224 014 ****50.00

Principal Place of Business
8323 NW 12TH STREET #102
MIAMI FL 33126

Mailing Address
C/O BLAKESBERG & COMPANY CPAS
951 SW 4TH AVENUE
BOCA RATON FL 33432-5803

2. Principal Place of Business
7810 NW 52 street

3. Mailing Address
7810 NW 52 street

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33166

Country
Dale

Zip
33166

Country
Dale

4. FEI Number 65-0880973

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRIZOSA, ANDRES
8323 NW 12TH STREET #102
MIAMI FL 33126


7. Name and Address of New Registered Agent

Name
Carrizosa, Andres

Street Address (P.O. Box Number is Not Acceptable)
7810 NW 52 street

City Miami FL Zip Code 33166

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  DATE 04/30/02

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CARRIZOSA, ANDRES
5741 NW 112 AVENUE #108
MIAMI FL 33178

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE REQUIRED

04/30/02 605)468 1701

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

Date

Daytime Phone #

0016188

CR2E083 (9/01)