

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90091 030 \*\*\*\*50.00

0013507

**DOCUMENT # M02000000323**

1. Entity Name

**CHESS INDUSTRIES LLC**



Principal Place of Business

Mailing Address

11431 SW 72ND TERR  
MIAMI FL 33173

11431 SW 72ND TERR  
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **01-0552250**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALCALA, ALVARO**  
**11431 SW 72ND TERR**  
**MIAMI FL 33173**

Name

**R. A. de la Campa**

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

**444 Brickell Ave**

**Ste 51-430**

City

**Miami**

**FL**

Zip Code

**33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**7/9/03**

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 Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>ALCALA, ALVARO</b>	
STREET ADDRESS	<b>11431 SW 72 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>TAUB, KEITH</b>	
STREET ADDRESS	<b>2929 N. UNIVERSITY DR., STE 111</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

**7-9-03 954-757-4899**

CR2E083 (4/03)