

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90164 038 ***150.00

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DOCUMENT # M37256

1. Entity Name

MI CHAMARRA INC.

Principal Place of Business

**11330 DEAD RIVER ROAD
TAVARES FL 32778**

Mailing Address

**112 MARCIA DRIVE
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

108 MARCIA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

108 MARCIA DRIVE

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRING, FL

Zip

32714

Country

USA

Zip

32714

Country

USA

4. FEI Number

59-2712159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEMUS, ANTONIO, C.P.A.
112 MARCIA DRIVE
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

ANTONIO LEMUS, CPA

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

108 MARCIA DRIVE

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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)

ANTONIO LEMUS

4/6/01

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, 2001 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 **PST** ☐ Delete
NAME **SOSA, ALBERTO**
STREET ADDRESS **C/O ANTONIO LEMUS CPA, 112 MARCIA DR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **C/O ANTONIO LEMUS CPA, 108 MARCIA DR**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

Date

(407) 829-6266

Daytime Phone #

CR2E034 (10/00)