

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90163 017 \*\*\*\*70.00

**DOCUMENT # N01000008279**

1. Entity Name

**CHISPA, INC.**

Principal Place of Business

Mailing Address

12745 N.W. 10 LANE  
 MIAMI FL 33182

12745 N.W. 10 LANE  
 MIAMI FL 33182

2. Principal Place of Business

**1510 9th STREET SW**

3. Mailing Address

**1510 9th STREET SW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES FL**

City & State

**NAPLES FL**

4. FEI Number

**05-1158619**

Applied For

Not Applicable

Zip

**34117-0000**

Country

**USA**

Zip

**34117-0000**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ-PERERA, HILDA L**  
 12745 N.W. 10 LANE  
 MIAMI FL 33182

7. Name and Address of New Registered Agent

Name

**DIAZ-PERERA, HILDA L**

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

**1510 9th STREET SW**

City

**NAPLES FL**

**FL**

Zip Code

**34117-0000**

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

**4/15/02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DIAZ-PERERA, HILDA L</b>	
STREET ADDRESS	<b>12745 N.W. 10 LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33182</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ZULETA, NELSON J</b>	
STREET ADDRESS	<b>12745 N.W. 10 LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33182</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ-PERERA, HILDA L</b>	
STREET ADDRESS	<b>1510 9th STREET SW</b>	<b>D</b>
CITY-ST-ZIP	<b>NAPLES, FL 34117-0000</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZULETA, NELSON J.</b>	
STREET ADDRESS	<b>1510 9th STREET SW</b>	<b>D</b>
CITY-ST-ZIP	<b>NAPLES, FL 34117-0000</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GONZALEZ, ALINA</b>	
STREET ADDRESS	<b>8371 S.W. 5th ST</b>	<b>D</b>
CITY-ST-ZIP	<b>Miami, FL 33144</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**RENEE REYNOLDS J. ZULETA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02**

Date

**(305) 807 1523**

Daytime Phone

CR2E037 (9/01)

At Herchman

870808

ND 1000008275

August 30, 2002

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

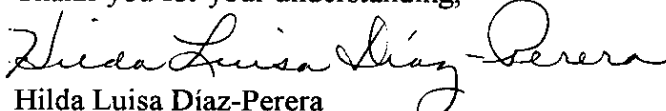
Re: CHISPA, Inc. Document # N01000008279

To Whom It May Concern:

The enclosed correspondence was received three days after we moved from Miami to Naples. My husband, apparently in an effort to prevent the mail that was coming in from being lost with the moving wrapping paper, put all of it as it arrived in a box that got pushed behind other boxes that were stored in his office closet. Today those boxes were moved and we fortuitously found the box that contained the attached documents in its unopened envelope.

We hope that the corrections as you requested will be accepted by your office even though the 30 days have elapsed.

Thank-you for your understanding,

  
Hilda Luisa Diaz-Perera  
CHISPA, Inc.

HLDP/nz

Enclosure



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

May 4, 2002

CHISPA, INC.  
1510 9TH STREET SW  
NAPLES, FL 34117

Subject: **CHISPA, INC.**

Reference Number: **N01000008279**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

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After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RG

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314