## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N02000004770

1. Entity Name

CHILE THE GREAT LAND, INC.



## **FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90395 038 \*\*\*\*70.00

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Principal Pla	ace of Busines	SS .	Mailing Address								
19510 N.W. 62ND PLACE 1951			19510 N.W. 62ND PLACE								
MIAMI FL 330	UIS		MIAMI FL 33015								
			•				I	1 <b>40</b> 714 <b>13</b> 00 <b>41</b> 00	. <b>Bei</b> ne <b>a</b> nger ( <b>ba</b> n)	1881 9811 1881	
Principal Place of Business     3. Mailing Address											
1.1800 NW 64 Ave			17200 NW	17200 NW 64 AVE					I BBILLI OFBILLION	ICON DOM NAME	
			Suite, Apt. #, etc.	uite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
07. 0.01				313							
Mami			City & State			4. FEI Numb	er El 043	7121		Applied For	
Zip		Country	Zip	Country		EIM.	51-042	.7196		Vot Applicable	
<u> </u>	L.	and Address of Current R	FL	330 (	5	5. Certificate	e of Status Desi	ed 💢	\$8.75 Ad Fee Requir		
·			7. Name and	d Address of N	ew Registere	•					
				Name		-	4.7	1 4.			
CONJEROS, MANUEL H 19510 N.W. 62ND PLACE					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI F		LACE		17200 NW 64 AVE AVE # 313							
IAITAIAII L	L 33015					·	, .	· r	-		
	•			City	W.c.	*		F	Zip Co	de	
8. The above named entity submits this statement for the purpose of changing its register					Mian or registere	d agent or be	th in the Ctate	-	<u> </u>	015	
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.										, and accept	
SIGNATURE Manuel H. Coneteros My											
SIGNATURE		or printed name of registered agent and		24//	<del></del>	<u> </u>	DZ	08-0	3		
	orginatura, typau	or printed harne or registered agent and	Tile if applicable. (NOTE	: Registered Agent sign	ature legured v	when reinstating)		DATE			
			<i></i>								
FILE NOW: FEE IS \$61.25  9. Election Camp Trust Fund Co						\$5.00 May E			ck Payable		
			indot y dilid Of	ontribation.		Added to Fees	Fi	orida Depa	artment of	State	
10.				11.	Α	DDITIONS/CH	I ANGES TO OFF	ICERS AND I	DIRECTORS IN	V 10	
TITLE	P		☐ Delete	TITLE				П	☐ Change	☐ Addition	
NAME CIRCII ADDRESS		OS, MANUEL H		NAME			Hannel	17.			
STREET ADDRESS CITY-ST-ZIP	1	. 62ND PLACE		STREET ADDRESS	1720	00 MW	64 Ave FL 330	Abt#	313	{	
TITLE	MIAMI FL 3	33015		CITY-ST-ZIP	Hu	anu ?	FL 336	121			
NAME	GARCIA, C	ECILIA I	☐ Delete	TITLE	Gar	cia, Cer	ilia i		Change	Addition	
STREET ADDRESS		. 62ND PLACE		NAME STREET ADDRESS			/ 16 A 30	NIA.	フェラ	-	
CITY-ST-ZIP	MIAMI FL 3			CITY-ST-ZIP		WA OC	64 Ave	this A.	213	}	
TITLE .	D	use−",	☐ Delete	TITLE		onci	rl 33	017	☐ Change		
NAME	CONEJERO	)S, MANUEL A		NAME	Con	eteros,	Manue 64 AV	/ À. 「	☐ Change	☐ Addition	
STREET ADDRESS		. 62ND PLACE		STREET ADDRESS	1726	OO NW	64 AV	e ANT	313 .		
CITY-ST-ZIP	MIAMI FL 3	3015		CITY-ST-ZIP	_ Mi	ani	FL :	33015	/		
TITLE NAME	D CONFIEDO	AC VILIENA O	☐ Delete	TITLE	1				☐ Change	Addition	
STREET ADDRESS		)s, ximena c . 68th avenue apt #L		NAME	Cone	zenos, i	rimene	1 L.			
CITY-ST-ZIP	MIAMI FL 3			STREET ADDRESS CITY-ST-ZIP	Gen	eva #	Ximeno 58180 / 5331	tht b-	528		
TITLE			☐ Delete	TITLE	Mia	mi F	<del>4331</del> 1	6			
NAME			m Delete	NAME					Change	☐ Addition	
STREET ADDRESS				STREET ADDRESS	]						
CITY-ST-ZIP				CITY-ST-ZIP						-	
TITLE			☐ Delete	TITLE		····			☐ Change	Addition	
NAME STREET ADDRESS				NAME	, .					En receipt	
STREET ADDRESS CITY-ST-ZIP		• •		STREET ADDRESS							
SOFT GUITE				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:

02-08-03

(305)818-0248