

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

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

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

**DOCUMENT # N02000004770**

1. Entity Name

**CHILE THE GREAT LAND, INC.**



Principal Place of Business

**19510 N.W. 62ND PLACE  
MIAMI FL 33015**

Mailing Address

**19510 N.W. 62ND PLACE  
MIAMI FL 33015**

2. Principal Place of Business

**17200 NW 64 Ave  
Suite, Apt. #, etc.  
313**

3. Mailing Address

**17200 NW 64 Ave  
Suite, Apt. #, etc.  
313**

City & State  
**Miami**

City & State  
**Miami**

Zip

Country

**33015**

Zip

Country

**33015**

4. FEI Number

**EIN: 51-0427196**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CONJEROS, MANUEL H  
19510 N.W. 62ND PLACE  
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name **Conejeros, Manuel H**  
Street Address (P.O. Box Number is Not Acceptable)  
**17200 NW 64 Ave Apt # 313**  
City **Miami** FL Zip Code **33015**

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 **Manuel H. Conejeros**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02-08-03**

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONEJEROS, MANUEL H 19510 N.W. 62ND PLACE MIAMI FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Conejeros, Manuel H. 17200 NW 64 Ave Apt # 313 Miami FL 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, CECILIA I 19510 N.W. 62ND PLACE MIAMI FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Garcia, Cecilia I. 17200 NW 64 Ave Apt # 313 Miami FL 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONEJEROS, MANUEL A 19510 N.W. 62ND PLACE MIAMI FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Conejeros, Manuel A. 17200 NW 64 Ave Apt 313 Miami FL 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONEJEROS, XIMENA C 18318 N.W. 68TH AVENUE APT #L MIAMI FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Conejeros, Ximena C. Geneva #8180 Apt B-528 Miami FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Manuel H. Conejeros**

**02-08-03**

**(305) 818-0248**

CR2E037 (10/02)