

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90315 011 ****61.25

DOCUMENT # N02000005373

1. Entity Name
CHIKILINAS FOR KIDS, INC.



Principal Place of Business
**8760 SW 133 AVE ROAD #319
MIAMI FL 33183**

Mailing Address
**8760 SW 133 AVE ROAD #319
MIAMI FL 33183**

20000000



2. Principal Place of Business

9340 Fountainbleau Blvd

3. Mailing Address

9340 Fountainbleau Blvd

Suite, Apt. #, etc.

314

Suite, Apt. #, etc.

314

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

Zip

33172

Country

4. FEI Number

04-3712199

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

**HIDALGO, GISELA
4563 SW 71 AVE
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **D** ☐ Delete
NAME **MELEAN, SOFIA**
STREET ADDRESS **8760 SW 133 AVE RD #319**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D** ☐ Delete
NAME **CASTILLO, ERIC**
STREET ADDRESS **12525 SW 94 LN**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ Delete
NAME **MCCANE, LORGIA**
STREET ADDRESS **19551 FRANJO RD**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete
NAME **CABRERA, MARIA**
STREET ADDRESS **1212 SW 22 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

4/17/03 (305) 386-2569

CR2E037 (10/02)