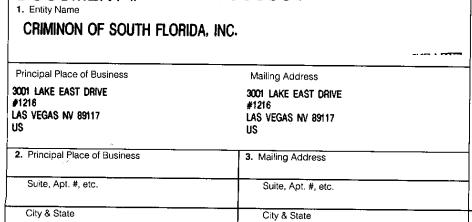
## **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N9700003861

## FILED May 06, 2002 8:00 am Secretary of State



CHIMINON OF SOUTH FLORIDA, INC.					05-06-2002 90246 038 ****61.25		
Principal Place of Business 3001 LAKE EAST DRIVE #1218 LAS VEGAS NV 89117 US		Mailing Address 3001 LAKE EAST DRIVE #1216 LAS VEGAS NV 89117 US		TERNIAL DIE JOHN LOON GENN GENN GENN GENN GENN GENN GENN G			
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			O NOT WRITE IN THIS SPACE		
City & State		City & State		4. FE! Number 65-0766883 Applied For			
Zip Country		Zip Country		Not Applicable     Status Desired			
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curren	t Registered Agent	<del></del>		Fee Ress of New Registered Agent	equired	
			- Name_		ss of New Registered Agent		
2630 UNI	& Ingram Versity BLVD Ta FL 34243		Street Addres	ss (P.O. Box Number is Not			
			City		FL Zip	Code	
8. The abov	e named entity submits this statement f	or the purpose of changing its r	egistered office or regis	stered agent, or both, in the	state of Florida.	<del>-</del>	
<b>ં</b>	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Paya Department of S	ble to State	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR	RS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MENTER, DAVID 3001 LAKE EAST DR #1216 LAS VEGAS NV 89117 SVD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Cha		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMPSON, PATRICIA 4727 HOLLY LAKE DR LAKE WORTH FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARROLL, VIKKI 1610 PALMETTO STREET CLEARWATER FL 33755	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ु । श्रुष्टिच्या । चेता शर्मा चर्मा	□ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete-	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chai	ige 🔲 Addition	
TITLE  JAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME -STREET ADDRESS CITY-ST-ZIP		☐ Char	ge Addition	

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 attackment with an address, with a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

702-874-3401