

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90444 002 ***150.00

DOCUMENT # P00000016144

1. Entity Name
CHIME GROUP, INC.



Principal Place of Business
500 NE 2ND ST
DANIA FL 33004

Mailing Address
500 NE 2ND ST
DANIA FL 33004

2. Principal Place of Business

2811 WASHINGTON ST.

3. Mailing Address

2811 WASHINGTON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL.

City & State

HOLLYWOOD FL.

4. FEI Number

65-1000993

Applied For

Not Applicable

Zip

Country

33020

Zip

Country

33020

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BODIN, GLORIA ROA
2655 LEJEUNE ROAD
SUITE 1001
CORAL GABLES FL 33134

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **MENOSCAL, RICARDO M**
STREET ADDRESS **2350 S.W. 44 STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **PTD** ☒ Change ☐ Addition
NAME **MENOSCAL, RICARDO M.**
STREET ADDRESS **2811 WASHINGTON ST.**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **VP** ☐ Delete
NAME **MENOSCAL, LOURDES M**
STREET ADDRESS **2350 S.W. 44 STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **VP** ☒ Change ☐ Addition
NAME **MENOSCAL, LOURDES M.**
STREET ADDRESS **2811 WASHINGTON ST.**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **S** ☐ Delete
NAME **MENOSCAL, ALFREDO M**
STREET ADDRESS **2350 S.W. 44 STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **S** ☒ Change ☐ Addition
NAME **MENOSCAL, ALFREDO M.**
STREET ADDRESS **2811 WASHINGTON ST.**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 607, 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 empowerments.

SIGNATURE: **RICARDO MENOSCAL** **1/27/03** **(954)709-2042**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)