FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91845 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030950

1. Entity Name
CHIN & ASSOCIATES, INC.

90113649

Principal Place of Business	Mailing Address
18646 NW 67 AVE HIALEAH, FL 33015	18646 NW 67 AVE HIALEAH, FL 33015

2. Principal Place of Business	3. Mailing Address
6175 NW 153 RD ST	6175 NW 153 RD ST
Suite, Apt. #, etc.: SUITE 301	Suite, Apt. #, etc.: SUITE 301
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33014 Country: USA	Zip: 33014 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1125294 — Applied For / Not Applicable

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
CHIN, MAILYN 20101 SKOKIE DR. HIALEAH, FL 33015	Name: GLORIELA MARITZA PAEZ Street Address (P.O. Box Number is Not Acceptable): 3173 WEST 73 PLACE City: HIALEAH FL Zip Code: 33018

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: Gloriela M. Paez — DATE: 4/25/03

a. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00 + 1%
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: PD NAME: CHIN, MAILYN STREET ADDRESS: 20101 SKOKIE DRIVE CITY-ST-ZIP: MIAMI, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VT NAME: PAEZ, GLORIELA STREET ADDRESS: 3173 W 73 PL CITY-ST-ZIP: HIALEAH, FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V NAME: PAEZ, ELIAS STREET ADDRESS: 3173 W 73 PL CITY-ST-ZIP: HIALEAH, FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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 empowered.

SIGNATURE: Gloriela M. Paez — 4/25/03 — (305) 558-7008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)