

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90108 025 ***150.00

DOCUMENT # P00000041148

1. Entity Name

CHAINS & BELTS, INC.

Principal Place of Business

**1101 BRICKELL AVENUE
 SUITE 1100
 MIAMI FL 33131**

Mailing Address

**1101 BRICKELL AVENUE
 SUITE 1100
 MIAMI FL 33131**

2. Principal Place of Business

1790 W 49 ST. SUITE 201

Suite, Apt. #, etc.

3. Mailing Address

1790 W 49 ST. #201

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

City & State

HIALEAH, FL.

4. FEI Number

65-1001398

Applied For

Not Applicable

Zip

Country

33012-2916

USA

Zip

Country

33012-2916

USA.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PENA, J. DAVID
 1101 BRICKELL AVENUE
 SUITE 1100
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

ARCILA, CARLOS I.

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

1790 W. 49 STREET

SUITE 201

City

HIALEAH, FL.

FL

Zip Code

33012

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.

SIGNATURE

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

CARLOS I ARCILA, DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

3/18/2001

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ARCILA, CARLOS IGNACIO	
STREET ADDRESS	1101 BRICKELL AVENUE SUITE 1100	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1790 W 49 ST. SUITE 201	
CITY-ST-ZIP	HIALEAH, FL. 33012-2916	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS I. ARCILA, DIRECTOR

Date

3/18/2001

Daytime Phone #

(305) 821-4144

CR2E034 (10/00)