2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000048878

1. Entity Name

CH.S.P. ADVERTISING GROUP, CORP.

				 _
Principal	Place o	of Bus	iness	

Mailing Address

1800 WEST 49TH STREET

1800 WEST 49TH STREET

SUITE 207

2. Principal Place of Business

3900 NW 79ff AVE.

SHITE 207 HIALEAH FL 33012

HIALEAH }	FL	33012
)		

3. Mailing Address 3900 NW

Suite, Apt. #, etc.

Suite, Apt. #, etc. City & State

MI AMI

33166

FLORISA

City & State MIAMI, Zip_

SUITE 559

PLO DIDA MIAMI-DADE 4. FEI Number 65-1008559

Not Applicable _ \$8.75 Additional 5. Certificate of Status Desired - - -

Applied For

Apr 07, 2001 8:00 am Secretary of State

04-07-2001 90023 008 ***150.00

DO NOT WRITE IN THIS SPACE

33166 HIAMI - DADE 6. Name and Address of Current Registered Agent

RIOS, LEOPOLDO

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

City

(NOTE: Registered Agent signature required when reinstating)

Name

Zip Code

DATE

1800 WEST 49TH STREET SUITE 207 301 HIALEAH FL 33012

Tax filing requirement and elects to do so.

8. The above named entity sommits 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. 9. This corporation is eligible to satisfy its intangible

After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

7. Name and Address of New Registered Agent

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD CR2E034 (10/00) ☐ Addition ☐ Delete ☐ Change TITLE TITLE. LOMENA, CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 5650 NW 115TH COURT #208 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 Delete TITLE ☐ Change ☐ Addition TITLE SVD NAME SILVA, JULIO G NAME STREET ADDRESS STREET ADDRESS 5650 NW 115TH COURT #208 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Addition TITLE Delete [] Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapter do no an attachment with an address with all other like empowered. ered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR