

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050158

1. Entity Name

CHAOS RODS, INC.

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90001 028 \*\*\*150.00

Principal Place of Business UNITS 1313 & 1315 NORTH G CENTER 1303 CENTRAL TER LAKE WORTH FL 33460	Mailing Address UNITS 1313 & 1315 NORTH G CENTER 1303 CENTRAL TER LAKE WORTH FL 33460
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

4. FEI Number 05-1012152	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROMM, MICHAEL R ESQ 2189 SE 9TH ST POMPANO BEACH FL 33062	
--	--

7. Name and Address of New Registered Agent	
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.

SIGNATURE [Signature] DATE 2-13-01  
(NOTE: Registered Agent signature required when reinstating)

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	PS
NAME	CASTELLS, ADOLFO
STREET ADDRESS	UNITS 1313 & 1315 NORTH G CENTER
CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	D
NAME	CASTELLS, SUMMER
STREET ADDRESS	UNITS 1313 & 1315 NORTH G CENTER
CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	VT
NAME	CONNLEY, BRYAN
STREET ADDRESS	UNITS 1313 & 1315 NORTH G CENTER
CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	D
NAME	CONNLEY, JESSICA
STREET ADDRESS	UNITS 1313 & 1315 NORTH G CENTER
CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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] DATE 2-13-01 DAYTIME PHONE # 561-547-8066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)