


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90990 012 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000069350			
1. Entity Name CHACIN IMPORT & EXPORT CORP.			
Principal Place of Business 6103 NW 72 AVE MIAMI, FL 33166		Mailing Address 6103 NW 72 AVE MIAMI, FL 33166	
2. Principal Place of Business 16315 NW 48 AVE.		3. Mailing Address 16315 NW 48 AVE.	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33014	Country USA	Zip 33014	Country USA
4. FEI Number 85-1036189		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HURTADO, JOSE M 16172 SW 8TH STREET PEMBROKE PINES, FL 33027		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and is not applicable. (NOTE: Registered Agent Signature Required when re-appointing)</small>			
9. Election Campaign Financing Trust Fund Contribution.		<input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	TITLE
NAME	CHACIN-HERRERA, FREDDY		NAME
STREET ADDRESS	16172 SW 8TH STREET		STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP
TITLE	S	<input type="checkbox"/> Delete	TITLE
NAME	HURTADO, JOSE M		NAME
STREET ADDRESS	16172 SW 8TH STREET		STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES, FL 33027		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			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 supplement/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: _____		4-25-03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

90118889



CHECK HERE IF MAKING CHANGES

CREER34 (11/02)