

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90005 019 ***150.00

0194089

DOCUMENT # P00000089601

1. Entity Name
CHOPIN HAUGEN CORP.

Principal Place of Business

Mailing Address

~~9350 S DIXIE HWY PM 2~~
~~MIAMI FL 33166~~

~~5750 S DIXIE HWY PM 2~~
~~MIAMI FL 33166~~

2. Principal Place of Business

3. Mailing Address

5750 COLLINS AVE

5750 COLLINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8 D

8 D

City & State

City & State

MIAMI BEACH, FL

MIAMI BEACH, FL

Zip

Country

33140 USA

Zip

Country

33140 U.S.A

4. FEI Number

65-1049927

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

~~ROTH, LEONARDO A~~
~~9350 S DIXIE HWY PM 2~~
~~MIAMI FL 33150~~

Name

Jorge Kisieluk

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

5750 COLLINS AVE, APT 8 D

City

MIAMI BEACH

FL

Zip Code

33140

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] **Jorge Kisieluk**

04/09/01

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	KISIELUK, JORGE	
STREET ADDRESS	5750 COLLINS AVE APT 8D	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PEREZ, MONICA	
STREET ADDRESS	5750 COLLINS AVE APT 8D	
CITY-ST-ZIP	MIAMI FL 33140	
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
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
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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] **Jorge Kisieluk PTD**

04/09/01

305-720-5092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)