

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90048 015 ***150.00

0194202

DOCUMENT # P00000090171

1. Entity Name

CHS INVESTMENT & TRADE CONSULTING, INC.

Principal Place of Business

C/O ROTH, ROUSSO & BENJAMIN, P.A.
9350 S DIXIE HWY. PH 2
MIAMI FL 33156

Mailing Address

C/O ROTH, ROUSSO & BENJAMIN, P.A.
9350 S DIXIE HWY. PH 2
MIAMI FL 33156

2. Principal Place of Business

3440 HOLLYWOOD BLVD

3. Mailing Address

3440 HOLLYWOOD BLVD

Suite, Apt. #, etc.

360

Suite, Apt. #, etc.

360

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33021

Country

U.S.A.

Zip

33021

Country

U.S.A.

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A ESQ
C/O ROTH, ROUSSO & BENJAMIN, P.A.
9350 S DIXIE HWY, PH 2
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name **ROTH, LEONARDO A. ESQ**
 Street Address (P.O. Box Number is Not Acceptable)
3440 HOLLYWOOD BLVD SUITE 360
 City **HOLLYWOOD** FL Zip Code **33021**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

LEONARDO A. ROTH, ESQ 4-27-01

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 **DPT** ☐ Delete
 NAME **HUMBERTO SAPAG, CLAUDIO**
 STREET ADDRESS **VIAMONTE 1526, PISO 8 A BUENOS AIRES**
 CITY-ST-ZIP **CP C1055ABD ARGENTINA**

TITLE **DVS** ☐ Delete
 NAME **DI FIORI, JOSE LUIS**
 STREET ADDRESS **VIAMONTE 1526, PISO 8 A BUENOS AIRES**
 CITY-ST-ZIP **CP C1055ABD ARGENTINA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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

CLAUDIO HUMBERTO SAPAG 4-27-01 954-322-4280

Date

Daytime Phone #

CR2E034 (10/00)