

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90625 033 ***150.00

0292845 AV

DOCUMENT # P00000105041

1. Entity Name
AMERICAN CHOCOLATE, CORP.

Principal Place of Business
10302 NW SOUTH RIVER DR. BAY A-22
MIAMI FL 33178

Mailing Address
10302 NW SOUTH RIVER DR. BAY A-22
MIAMI FL 33178

2. Principal Place of Business
2289 NE 164th St.

Mailing Address
2289 NE 164th St.

City & State
NMB, FL

City & State
NMB, FL

Zip
33160

Country
USA

Zip
33160

Country
USA

4. FEI Number **65-1054243**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KITAIGORODSKY, HUGO O
40302 NW SOUTH RIVER DR. BAY A-22
MIAMI FL 33178

7. Name and Address of New Registered Agent

X Name
HUGO KITAIGORODSKY

Street Address (P.O. Box Number is Not Acceptable)
2289 NE 164th St.

City
NMB

FL
33160

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 **MARCH 22, 2002**

Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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	D	<input type="checkbox"/> Delete
NAME	KITAIGORODSKY, HUGO O	
STREET ADDRESS	10302 NW SOUTH RIVER DR, BAY A-22	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARVACHO, EDUARDO	
STREET ADDRESS	6105 NW 17TH MANOR	
CITY-ST-ZIP	PLANTATION FL 33092	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURA KITAIGORODSKY	
STREET ADDRESS	2289 NE 164th St.	
CITY-ST-ZIP	NMB, FL 33160	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEBASTIAN GUELPERIN	
STREET ADDRESS	2289 NE 164th St.	
CITY-ST-ZIP	NMB, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **MARCH 22, 02** DAYTIME PHONE # **305 956 2755**

CR2E034 (9/01)