

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90233 006 ***150.00

DOCUMENT # P01000037333

1. Entity Name
CHE PIPE INC.

Principal Place of Business
280 SW 129 AVE
MIAMI FL 33184

Mailing Address
280 SW 129 AVE
MIAMI FL 33184

2. Principal Place of Business
11040 Pembroke Rd.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Miami - Florida

City & State

4. FEI Number
65-1898930

Applied For
 Not Applicable

Zip
33085

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

HERNANDEZ, AMALIA
280 SW 129 AVE
MIAMI FL 33184

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 _____ (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, 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 **P** ☐ Delete
 NAME **HERNANDEZ, AMALIA**
 STREET ADDRESS **280 SW 129 AVE**
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE **P** ☐ Delete
 NAME **URRA, JUAN CARLOS**
 STREET ADDRESS **280 SW 129 AVE**
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
 NAME **Hernandez Amalia**
 STREET ADDRESS **280 SW 129 AVE.**
 CITY-ST-ZIP **Miami - FL 33184**

TITLE **P** ☒ Change ☐ Addition
 NAME **URRA JUAN CARLOS**
 STREET ADDRESS **28 7312 SW 139ct.**
 CITY-ST-ZIP **Miami - FL 33183**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 24 02 . 786-4023809
 Date Daytime Phone #

CR2E034 (9/01)