

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040936

1. Entity Name
CHAMELEON SALES 2 INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-10-2002 90057 043 ***150.00

Principal Place of Business

5621 SW 56TH STREET
DAVIE FL 33314-6619

Mailing Address

5621 SW 56TH STREET
DAVIE FL 33314-6619

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1114306

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, LILIANA
5621 SW 56TH STREET
DAVIE FL 33314-6619

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Liliana Gonzalez

(NOTE: Registered Agent signature required when reinstating)

4-28-02

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: President
NAME: Liliana Gonzalez
STREET ADDRESS: 5621 S.W. 56th St
CITY-ST-ZIP: DAVIE, FL 33314

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Vice-President
NAME: Fred Adamo
STREET ADDRESS: 5621 S.W. 56th St
CITY-ST-ZIP: DAVIE, FL 33314

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

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

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:

Liliana Gonzalez 4-28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 557-7373

Signature Phone #

CR2E034 (9/01)