

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054390

1. Entity Name

CHROME AEROSPACE, INC.

Principal Place of Business

345-85 ST STE 8  
MIAMI BEACH FL 33141

Mailing Address

345-85 ST STE 8  
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

HATZHOUSEPIAN, JOHN  
345-85 ST STE 8  
MIAMI BEACH FL 33141

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME HATZHOUSEPIAN, JOHN  
STREET ADDRESS 345-85 ST STE 8  
CITY-ST-ZIP MIAMI BEACH FL 33141

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE VD  
NAME ARCILA, NONATO  
STREET ADDRESS 345-85 ST STE 8  
CITY-ST-ZIP MIAMI BEACH FL 33141

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/13/02

Date

Daytime Phone #

FILED

02 AUG 19 PH 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachment

PO1000054870

August 13<sup>th</sup>, 2002  
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL, 32302-1500

Dear Sirs:

We enclose our check No. 1017 to the order of Department of State for the 2002 Uniform Business Report,  
In the amount of \$150.00

We know we are late in the payment, but our corporation is a new one and we are not familiar with the regulations. We are asking you, respectfully, to abate the penalty and accept our apology for our tardiness.

Thank you, very truly yours,



Chrome Aerospace, Inc.  
345-85 Street, Suite 8  
Miami Beach, FL, 33141