## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P01000054390 DOCUMENT #

1. Entity Name CHROME AEROSPACE, INC.



**FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90841 023 \*\*\*150.00

Principal Pla 345-85 ST S	ace of Business TE 8	Mailing Address 345-85 ST STE 8				
MIAMI BEAC	CH FL 33141	MIAMI BEACH FL 33141				
				I Mariani en bour den best best best best best be	ANT NORTH NUMBER OF STREET	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-		
·				☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-11092/8	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered		
HATZIHOUSEPIAN, JOHN			Name	Name		
345-85 S	T STE 8		Street Address (	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI BEACH FL 33141					<u> </u>	
			City	· · · · · · · · · · · · · · · · · · ·	■ Zip Code	
8. The above	named entity submits this statement t	for the purpose of about in the	'	F		
the obliga	tions of registered agent.	or the purpose of changing its r	egistered office or register	ed agent, or both, in the State of Florida. I an	n familiar with, and accept	
SIGNATURE	1 John Leboth	anole		Tool	13 2003	
	Signature, typed or printed name of agistered agen	at anythile if applicable. (NOTE:	Registered Agent signature required	when reinstating) DATE	, <u>5 50<del>08</del> </u>	
	TLE NOW!!! FEE IS \$150.00	1			· ,,_,	
Λ <del>(1</del> Λ				L 9 Election Compaign Financina	05.00	
Afte Make Checi	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State		<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$5.00 May Be Added to Fees	
Afte Make Check 10.	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND	of State	11.	Trust Fund Contribution.	Added to Fees	
Make Check 10.	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND PD	of State	11.		Added to Fees  ID DIRECTORS IN 11	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



☐ Delete

☐ Delete

Feel 16, 2003 305-865.5273

☐ Change

☐ Change

☐ Addition

Addition