

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90089 043 \*\*\*150.00

DOCUMENT # P01000083803

1. Entity Name

CHAMELEON IMPORT &amp; EXPORT CORP.

Principal Place of Business

7441 WAYNE AVENUE #2N  
 MIAMI BEACH FL 33141

Mailing Address

7441 WAYNE AVENUE #2N  
 MIAMI BEACH FL 33141

19370 COLLINS AVE #326  
 MIAMI FL 33160

19370 COLLINS AVE #326  
 MIAMI FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1132919

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

LIMA, CELSO M  
 7441 WAYNE AVENUE #2N  
 MIAMI BEACH FL 33141

Name LIMA, CELSO M  
 Street Address (P.O. Box Number is Not Acceptable)  
19370 COLLINS AVE # 326

City MIAMI

FL

Zip Code 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/15/2002

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 D ☒ Delete  
 NAME LIMA, CELSO M  
 STREET ADDRESS 7441 WAYNE AVENUE #2N  
 CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2002

Date

(305) 9372136

Daytime Phone #

CR2034 (9/01)