

FILED  
Apr 25, 2003 8:00 am  
Secretary of State

04-25-2003 90249 044 \*\*\*150.00

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

DOCUMENT # P01000090069

1. Entity Name  
**THE CHAMPION HENADO GROUP CORPORATION**



Principal Place of Business  
102 HOLLYHOCK CIRCLE  
KISSIMMEE, FL 34743

Mailing Address  
3038 MICHIGAN AVE.  
KISSIMMEE, FL 34744

11017430



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

102 HOLLYHOCK CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
KISSIMMEE FL

4. FEI Number  
59-3744800

Applied For  
Not Applicable

Zip

Country

Zip

Country

34743

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

SANCHEZ, NANCY  
102 HOLLYHOCK CIRCLE  
KISSIMMEE, FL 34743

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and only if applicable.

(NOTE: Registered Agent signature required when retaining)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SANCHEZ, NANCY ☐ Delete  
STREET ADDRESS 102 HOLLYHOCK CIRCLE  
CITY- ST- ZIP KISSIMMEE, FL 34743

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

TITLE V  
NAME ROJAS, HECTOR ☐ Delete  
STREET ADDRESS 102 HOLLYHOCK CIRCLE  
CITY- ST- ZIP KISSIMMEE, FL 34743

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
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CITY- ST- ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/03

Date

Daytime Phone #

CR2E034 (10/02)