

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90032 043 \*\*\*158.75

**DOCUMENT # P01000092096**

1. Entity Name

**CHACHO INTERNATIONAL CORP.**

Principal Place of Business

12531 WEST OKEECHOBEE ROAD  
HIALEAH GARDENS FL 33018

Mailing Address

12531 WEST OKEECHOBEE ROAD  
HIALEAH GARDENS FL 33018

2. Principal Place of Business

2100 W. 76 Street

3. Mailing Address

2100 W. 76 Street

Suite, Apt. #, etc.

Suite 501

Suite, Apt. #, etc.

Suite 501

City & State

Hialeah, FL.

City & State

Hialeah, FL.

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

105-1135546

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME **PD RODRIGUEZ, JUAN**  
STREET ADDRESS **12531 WEST OKEECHOBEE ROAD**  
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE ☐ Delete  
NAME **VTD VEGA, DAMARYS**  
STREET ADDRESS **12531 WEST OKEECHOBEE ROAD**  
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE ☐ Delete  
NAME **SD RODRIGUEZ, CINDY M.**  
STREET ADDRESS **12531 WEST OKEECHOBEE ROAD**  
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **PD Rodriguez, Juan**  
STREET ADDRESS **2100 W. 76 Street**  
CITY-ST-ZIP **Hialeah, FL. 33012**

TITLE ☒ Change ☐ Addition  
NAME **VTD Vega, Damarys**  
STREET ADDRESS **2100 W. 76 Street**  
CITY-ST-ZIP **Hialeah, FL. 33012**

TITLE ☐ Change ☒ Addition  
NAME **VD Vega, Andres**  
STREET ADDRESS **2100 W. 76 Street**  
CITY-ST-ZIP **Hialeah, FL. 33012**

TITLE ☒ Change ☐ Addition  
NAME **SD Rodriguez, Cindy M.**  
STREET ADDRESS **2100 W. 76 Street**  
CITY-ST-ZIP **Hialeah, FL. 33012**

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

TITLE ☐ Change ☐ Addition  
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:

**Cindy M. Rodriguez** 1/8/02 (202) 824-0619  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)