

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90935 019 ***150.00

DOCUMENT # P01000098563

1. Entity Name

PCH IMPORT & EXPORT CORP.

Principal Place of Business

**8323 LAKE DRIVE APT. M101
 MIAMI FL 33166**

Mailing Address

**8323 LAKE DRIVE APT. M101
 MIAMI FL 33166**

2. Principal Place of Business

8323 LAKE DRIVE Apt. M101

3. Mailing Address

8323 LAKE DRIVE

Suite, Apt. #, etc.

M101

Suite, Apt. #, etc.

Apt - M101

City & State

Miami, Florida

City & State

Miami, FLORIDA

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

85-1145325

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CHALELA, PABLO

**8323 LAKE DRIVE APT. M101
 MIAMI FL 33166**

Name

CHALELA, PABLO

Street Address (P.O. Box Number is Not Acceptable)

8323 LAKE drive

Apt - M101

City

Miami

FL

Zip Code

33166

7. Name and Address of New Registered Agent

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 **D CHALELA, PABLO**
 STREET ADDRESS **8323 LAKE DRIVE APT. M101**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ Delete
 NAME **D CHALELA, ANTONIO**
 STREET ADDRESS **8323 LAKE DRIVE APT. M101**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-02 (305) 716-0043

CR2E034 (9/01)