

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91877 004 ***150.00

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1. Entity Name
HELENA'S CHOCOLATES USA, INC

Principal Place of Business
**4611 NW 97TH COURT
MIAMI FL 33178**

Mailing Address
**4611 NW 97TH COURT
MIAMI FL 33178**



2. Principal Place of Business

3. Mailing Address

4632 NW 107 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2009

City & State

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33178

USA

4. FEI Number **65-1154578**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PANIZO, FERNANDO L
4611 NW 97TH COURT
MIAMI FL 33178**

Name **PANIZO FERNANDO L.**

Street Address (P.O. Box Number is Not Acceptable)
4632 NW 107 AVE # 2009

City **MIAMI**

FL

Zip Code **33178**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	D <input type="checkbox"/> Delete
NAME	DE PANIZO, ELENA S
STREET ADDRESS	1195 WEST ANGAMOS AVENUE #304
CITY-ST-ZIP	MIRAFLORES, LIMA PERU ZP 18 FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **HELENA SOTER** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/03 (305) 718 3550

Date Daytime Phone #

CR2E034 (10/02)