

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

024473 AV

DOCUMENT # P02000011407

1. Entity Name

CHROMATIC ACTIVATION ~~UNIVERSITY INC.~~

UNIVERSITY INC. (NAME CHANGED)



FILED

03 JUN 16 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

220 71ST STREET #213
MIAMI BEACH FL 33141

Mailing Address

220 71ST STREET #213
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

12000 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 507

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33181

Country

USA

Zip

Country

4. FEI Number

38-3679834
APPLIED FOR

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

CHIARATO, UGO V

220 71ST STREET #213
MIAMI BEACH FL 33141

12000 BISCAYNE BLVD #507
MIAMI FL 33181

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 PTD
NAME RIMAU, MARCO BINI
STREET ADDRESS 220 71ST STREET #213
CITY-ST-ZIP MIAMI BEACH FL 33141
12000 BISCAYNE BLVD #507
MIAMI FL 33181

TITLE
NAME
STREET ADDRESS #507
CITY-ST-ZIP
000019565070
05/20/03--01022--007 **2911.25

TITLE
NAME CHIARATO, UGO
STREET ADDRESS 12000 BISCAYNE BLVD-SUITE 507
CITY-ST-ZIP MIAMI FL 33181

TITLE
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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 REQUIRED SECRETARY

04/27/2003

(305)899.5099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/0/02)