

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90090 023 \*\*\*150.00

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**DOCUMENT # P02000103744**

1. Entity Name  
**CHILY-DU ENTERPRISES, INC.**



Principal Place of Business  
**10960 SW 15TH ST. #5-111  
PEMBROKE PINES FL 33326**

Mailing Address  
**10960 SW 15TH ST. #5-111  
PEMBROKE PINES FL 33326**



2. Principal Place of Business

**16276 N.W. 20th Street**

Suite, Apt. #, etc.

3. Mailing Address

**16276 N.W. 20th Street**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Pembroke Pines, Florida**

City & State

**Pembroke Pines, Florida**

4. FEI Number

**30 61-1427014**

Applied For

Not Applicable

Zip

**33028**

Country

**USA**

Zip

**33028**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DUQUE, CILIA R**

**10960 SW 15TH ST. #5-111**

**PEMBROKE PINES FL 33326**

7. Name and Address of New Registered Agent

Name

**DUQUE, CILIA R.**

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

**16276 N.W. 20th Street**

City

**Pembroke Pines**

FL

Zip Code

**33028**

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

TITLE	DPTS	<input type="checkbox"/> Delete
NAME	DUQUE, CILIA R	
STREET ADDRESS	10960 SW 15TH ST. #5-111	
CITY-ST-ZIP	PEMBROKE PINES FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUQUE, CILIA R.	
STREET ADDRESS	16276 N.W. 20th Street	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:

**Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-03**

**(305) 856-0058**

Date

Daytime Phone #

CR2E034 (10/02)