

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90045 027 \*\*\*150.00

DOCUMENT # P06000133536

1. Entity Name

P & B DEL CHIARO INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6690 SW 40 STREET

3. Mailing Address  
8360 WEST FLAGLER STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
06-1797644

Applied For  
Not Applicable

Zip Country  
33155 US

Zip Country  
33144 US

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

40103148

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
PAUL DEL CHIARO  
Street Address (P.O. Box Number is Not Acceptable)  
707 NW 132 COURT

City FL Zip Code  
MIAMI 33182

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11.

TITLE PD  
NAME PAUL DEL CHIARO  
STREET ADDRESS 707 NW 132 COURT  
CITY-ST-ZIP MIAMI, FL 33182

TITLE PD  
NAME BARBARA DEL CHIARO  
STREET ADDRESS 707 NW 132 COURT  
CITY-ST-ZIP MIAMI, FL 33182

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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 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 #

PAUL F. DELCHIARO

4/20/07