

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041657

1. Entity Name

CHS PERFORMANCE, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90118 038 ***150.00

Principal Place of Business

Mailing Address

13740 N.W. 19TH AVE.
#B-1
OPA LOCKA FL 33054

13740 N.W. 19TH AVE.
#B-1
OPA LOCKA FL 33054-4211

2. Principal Place of Business

3. Mailing Address

13700 NW 19 Ave (B-1)
Suite, Apt. #, etc.

13700 NW 19 Ave (B-1)
Suite, Apt. #, etc.

B-1

B-1

City & State

City & State

OPA LOCKA FL

OPA LOCKA FL

Zip

Zip

33054

33054

Country
MIAMI
DOCK

Country
MIAMI
DOCK

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, CARLOS H
13740 N.W. 19TH AVE.
B-1
OPA LOCKA FL 33054

Name

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

13700 NW 19 Ave B-1

City

OPA LOCKA

FL

Zip Code

33054

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SANCHEZ, CARLOS H
CITY-ST-ZIP 13740 N.W. 19TH AVE. #B-1
OPA LOCKA FL 33054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 13700 NW 19 Ave B-1
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Carlos Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)