

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068704

1. Entity Name

CHIAMPESAN, (USA), INC.

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90028 033 ***150.00

Principal Place of Business

1500 SAN REMO AVENUE
180
CORAL GABLES FL 33146
US

Mailing Address

1500 SAN REMO AVENUE
SUITE 180
CORAL GABLES FL 33146-3041
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0450873

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

M & W AGENTS, INC.
9100 S DADELAND BLVD
SUITE 1707
MIAMI FL 33156

Name

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

BOCA Corporate Center, Suite 107
2101 Corporate Blvd.

City

BOCA RATON

FL

Zip Code

33431-7343

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 PDST ☐ Delete
NAME CHIAMPESAN, GIOVANNI
STREET ADDRESS 800 CLAUGHTON ISLAND #2005
CITY-ST-ZIP MIAMI FL

TITLE DIRECTOR ☐ Change ☒ Addition
NAME ANNA M. CHIAMPESAN
STREET ADDRESS 800 CLAUGHTON IS. #2005
CITY-ST-ZIP MIAMI, FL 33181

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-07-00

(305)

661-9619

CR2E034 (9/99)