

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91213 025 ***150.00

DOCUMENT # P93000069783

1. Entity Name

THE LITTLE CHIEF, INC.

DO NOT WRITE IN THIS SPACE

11005202

2. Principal Place of Business
2144 NW 27TH AVENUE

3. Mailing Address
2144 NW 27TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
65-0452409

Applied For
Not Applicable

Zip
33142

Country
USA

Zip
33142

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LAZARO R. LOPEZ

Street Address (P.O. Box Number is Not Acceptable)
70 NW 60th COURT

City
MIAMI

FL

Zip Code
33126

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
P/D
NAME
LAZARO R. LOPEZ
STREET ADDRESS
70 NW 60TH COURT
CITY-ST-ZIP
MIAMI FL, 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
V/T/S/D
NAME
MARIA L. LOPEZ
STREET ADDRESS
70 NW 60TH COURT
CITY-ST-ZIP
MIAMI FL, 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)