

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086326

1. Entity Name
CHECKERS S.M., INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90010 038 ***150.00

Principal Place of Business

~~3501 SW 122 AVE~~
~~MIAMI FL 33175~~

5862 SW 76 ST
MIAMI FL 33143

Mailing Address

~~3501 SW 122 AVE~~
~~MIAMI FL 33175~~

5862 SW 76 ST
MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0557461

Applied For

Not Applicable

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

Old Address
MARTINEZ, PEDRO R
~~3501 SW 122 AVE~~
~~MIAMI FL 33175~~
New Address
5862 S.W. 76 St.
Miami, FL 33143

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]*
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	MARTINEZ, PEDRO	
STREET ADDRESS	3501 SW 122 AVE	
CITY-ST-ZIP	MIAMI FL 33175	5862 SW 76 ST MIAMI FL 33143
TITLE	TSD	<input type="checkbox"/> Delete
NAME	MARTINEZ, LOURDES	
STREET ADDRESS	3501 SW 122 AVE	
CITY-ST-ZIP	MIAMI FL 33175	5862 SW 76 ST MIAMI FL 33143
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pedro Martinez	
STREET ADDRESS	5862 SW 76 Street	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lourdes Martinez	
STREET ADDRESS	5862 SW 76 Street	
CITY-ST-ZIP	MIAMI, FL 33143	
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
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] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


7-17-2000

Date

Daytime Phone #

(305) 447-0224

CR2E034 / 5/00

~~0000~~ A0069835
 P94000086326 

A. SETTLEMENT STATEMENT

US Department of Housing and Urban Development HUD-1

B. Type of Loan 5. Conv. Ins.	6. File Number 00-047	7. Loan Number 1589418210	8. Mtg Ins Case No. 2568147-9
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C. NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked POC were paid outside of the closing; they are shown here for informational purposes and are not included in the totals.

D. NAME AND ADDRESS OF BORROWER *Eberto Cao*
3501 S.W. 122 Avenue
Miami, Florida 33175

E. NAME AND ADDRESS OF SELLER *Pedro Martinez and Lourdes Martinez*

TIN:

F. NAME AND ADDRESS OF LENDER *Chase Manhattan Mortgage Corporation*
4919 Memorial Hwy, Suite 100
~~*Tampa, Florida 33634*~~

G. PROPERTY LOCATION *3501 S.W. 122 Avenue, Miami, FL 33175*

H. SETTLEMENT AGENT *Garcia & Baloyra, Attorneys At Law*
 PLACE OF SETTLEMENT *1101 Brickell Avenue, South Tower, #702*
Miami, Florida 33131

TIN: 65-0558379

FOR INFORMATION CONTACT: *Leslie Fernandez, Legal Assistant* PH: 305-358-4800

I. SETTLEMENT DATE *02/24/00*

J. SUMMARY OF BORROWER'S TRANSACTION

100. GROSS AMOUNT DUE FROM BORROWER

101. Contract Sales Price	153,000.00
102. Personal Property	
103. Settlement Charges to Borrower (line 1400)	4,963.66
104.	
105.	
Adjustments for items paid by seller in advance	
⇒ Gross Taxes \$; Discount %	
106. City/Town Taxes (are included in line 107)	
107. County Taxes	
108. Assessments	
109.	
110. Waste Fee 02/24 to 09/30 @\$ 349.00/yr	210.36
111.	
112.	

K. SUMMARY OF SELLER'S TRANSACTION

400. GROSS AMOUNT DUE TO SELLER

401. Contract Sales Price	153,000.00
402. Personal Property	
403.	
404.	
405.	
Adjustments for items paid by seller in advance	
⇒ Gross Taxes \$; Discount %	
406. City/Town Taxes (are included in line 407)	
407. County Taxes	
408. Assessments	
409.	
410. Waste Fee 02/24 to 09/30 @\$ 349.00/yr	210.36
411.	
412.	

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A0069835
Attach

JULY 20, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P O BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: 65-0557461

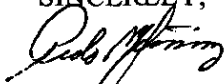
To Whom It May Concern:

WE ARE REQUESTING A WAVIER OF THE LATE FEE FOR CHECKERS S.M., INC.,
BECAUSE WE NEVER RECEIVED THE 1ST REQUEST FOR PAYMENT DUE TO THAT
WE SOLD OUR HOUSE AND MOVED.

ENCLOSED PLEASE FIND A COPY OF THE 1ST PAGE OF THE CLOSING STATEMENT
OF THE HOUSE. ALSO A CHECK FOR \$150.00 INCLUDED TO PAY THE ANNUAL
REPORT 2000 UNIFORM BUSINESS REPORT.

IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS MATTER
PLEASE CALL ME AT 305-447-0224. THANK YOU FOR YOUR ATTENTION TO THIS
MATTER.

SINCERELY,



PEDRO MARTINEZ