

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012861

1. Entity Name
CHAMP HOLDINGS, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State
03-10-2000 90028 017 ***150.00

Principal Place of Business
**1500 SAN REMO AVE. 180
CORAL GABLES FL 33146**

Mailing Address
**1500 SAN REMO AVE. 180
CORAL GABLES FL 33146-3041**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country **USA** Zip Country **USA**

4. FEI Number **65-0575094** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**M & W AGENTS, INC.
9100 S DADELAND BLVD, PH 1
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **M+W AGENTS Inc.**
Street Address (P.O. Box Number is Not Acceptable) **2101 Corporate BLVD, Suite 107**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **CHIAMPESAN, GIOVANNI**
CITY-ST-ZIP **800 CLAUGHTON ISLAND DR #2005 MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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 (308) 661-9619

CR2E034 (9/99)