

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012679

FILED

1. Entity Name
ASA CHROME, INC.

00 NOV -6 PM 3:51

Principal Place of Business
14629 SW 104 ST., STE. 321
MIAMI FL 33186

Mailing Address
14629 SW 104 ST., STE. 321
MIAMI FL 33186

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0640120

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

CUEVAS-MOHR, HUGO
16135 SW 109TH STREET
MIAMI FL 33196

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-12-00

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 PD
NAME TORRES, CARLOS
STREET ADDRESS 14629 SW 104 ST., STE. 321
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE PD
NAME CESAR GAMBOA
STREET ADDRESS 14629 SW 104 ST., STE 321
CITY-ST-ZIP MIAMI, FL 33186 ☒ Change ☐ Addition

TITLE VSD
NAME CUEVAS-MOHR, HUGO
STREET ADDRESS 16135 SW 109TH ST.
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

TITLE VSD
NAME CUEVAS-MOHR, HUGO
STREET ADDRESS 16135 SW 109 ST
CITY-ST-ZIP MIAMI, FL 33196 ☐ Change ☐ Addition

TITLE TD
NAME PACHECO, ROBERTO
STREET ADDRESS 14629 SW 104 ST., STE. 321
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE TD
NAME LEONOR PACHECO
STREET ADDRESS 16135 SW 109 ST
CITY-ST-ZIP MIAMI, FL 33196 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 000003493080-0
-12/11/00--01027--009
****750.00 ****750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

10/12/00 305-3807105
Date Daytime Phone #

CR2E034 (5/00)

006049