

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028946

1. Entity Name

CHANTI INTERNATIONAL TRADING CORPORATION

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90016 034 ***158.75

Principal Place of Business

Mailing Address

~~12700 BISCAYNE BLVD~~ 3640 YACHT CLUB DR. #901
~~SUITE 204~~
~~MIAMI FL 33181~~ AVENTURA, FL 33180
US

~~12700 BISCAYNE BLVD~~ 3640 YACHT CLUB DR. #901
~~SUITE 204~~
~~MIAMI FL 33181~~ AVENTURA, FL 33180
US

2. Principal Place of Business

3. Mailing Address

3640 YACHT CLUB DR

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 901

City & State

City & State

AVENTURA, FL.

Zip

Country

Zip

Country

33180

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACDANIEL, JOHN M. ESQUI
ONE BISCAYNE TOWER, #2975
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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

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, 2001 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 ☐ Delete
NAME ~~DREWNIAK, HELIO~~
STREET ADDRESS ALAMEDA CASA BRACA 487 #111
CITY-ST-ZIP SAO PAULO, BZ 01408

TITLE ☒ Change ☐ Addition
NAME PST WORCMAN, HELIO
STREET ADDRESS ALAMEDA CASA BRACA 487 #111
CITY-ST-ZIP SAO PAULO-SP 01408- BRAZIL

TITLE ☐ Delete
NAME VP
STREET ADDRESS DREWNIAK, MARK
CITY-ST-ZIP 3640 YACHT CLUB DR #901 AVENTURA FL 33180

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

MARK DREWNIAK

Date

Daytime Phone #

04/12/01 3059333874

CR2E034 (10/00)