## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000045182

Suite, Apt. #, etc.

RUBIN, HOWARD

1922 MYRCK ROAD

City & State

Zip

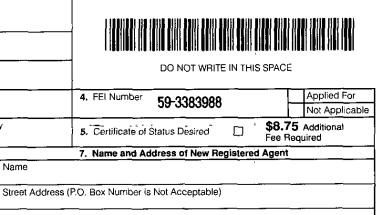
CHENICO ENTERPRISES, INC.

Mailing Address Principal Place of Business 1922 MYRICK ROAD 1922 MYRICK ROAD IALLAHASSEE FL 32303 TALLAHASSEE FL 32303-4338 2. Principal Place of Business 3. Mailing Address

6. Name and Address of Current Registered Agent

## FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90194 041 \*\*\*150.00



TALLAHASSEE FL 32303 City

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.

Suite, Apt. #, etc.

City & State

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

-Country

Name

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

Zia Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE Change TITLE RUBIN, HOWARD NAME NAME STREET ADDRESS 1922 MYRICK RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE RUBIN, NANCYE NAME NAME 1922 MYRICK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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:

4-26-2000 850-386-8326 Daylims Phone #