

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052672

1. Entity Name

SLINCO ENTERPRISE, INC.

FILED

Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90017 012 \*\*\*150.00

Principal Place of Business

Mailing Address

8311 NW 64TH ST  
#8  
MIAMI FL 33166  
US

8311 NW 64TH STREET  
#8  
MIAMI FL 33166  
US

00018639



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8311 NW 64TH ST

8311 NW 64TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#8

#8

City & State

City & State

MIAMI-FLORIDA

MIAMI-FLORIDA

4. FEI Number

65-0764888

Applied For

Not Applicable

Zip

Country

Zip

Country

33166

USA

33166

USA

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

CHAQUEA, LUIS C  
197 LAKE VIEW DRIVE, STE. 101  
FT. LAUDERDALE FL 33326

Name

LUIS C CHAQUEA

Street Address (P.O. Box Number is Not Acceptable)

3300 N.E 192 ST APTD 1209

City

AVENTURA

FL

Zip Code

33166

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

D  
NAME CHAQUEA, LUIS C  
STREET ADDRESS 8311 64TH ST., #8  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete

GM  
NAME ESPEJO, MIGUEL  
STREET ADDRESS 8311 64TH ST., #8  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Change ☒ Add

DIRECTOR  
NAME PARDO, LILIANA M.  
STREET ADDRESS 8311 NW 64TH ST., #8  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
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 #

02/01/00