

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90049 030 ***150.00

DOCUMENT # P97000052672

1. Entity Name
SLINCO ENTERPRISE, INC.

Principal Place of Business

3300 NE 192 ST

1209

AVENTURA FL 33180

US

Mailing Address

3300 NE 192 ST

1209

AVENTURA FL 33180

US

2. Principal Place of Business

3300 NE 192 ST

Suite, Apt. #, etc.

607

City & State

AVENTURA FL

Zip

33180

Country

USA

3. Mailing Address

3300 NE 192 ST

Suite, Apt. #, etc.

607

City & State

AVENTURA FL

Zip

33180

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0764888**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CHAQUEA, LUIS C

3300 NE 192 ST

1209

AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
CHAQUEA, LUIS C

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

3300 NE 192 ST

SUITE 607

City
AVENTURA, FL

FL

Zip Code
33180

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]

[Signature]

01/10/01

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing - ☐ **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
CEOP
 NAME
CHAQUEA, LUIS C ☐ Delete
 STREET ADDRESS
3300 NE 192 ST #1209
 CITY-ST-ZIP
AVENTURA FL 33180

TITLE
CECO
 NAME
PARDO, LILIANA M ☐ Delete
 STREET ADDRESS
3300 NE 192 ST #1209
 CITY-ST-ZIP
AVENTURA FL 33180

TITLE
CEFO
 NAME
MCALISTER, CARO ☐ Delete
 STREET ADDRESS
3300 NE 192 ST, SUITE 607
 CITY-ST-ZIP
AVENTURA, FL 33180

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
CEO & PRESIDENT ☒ Change ☐ Addition
 NAME
CHAQUEA, LUIS C.
 STREET ADDRESS
3300 NE 192 ST SUITE 607.
 CITY-ST-ZIP
AVENTURA, FL 33180

TITLE
CECO ☒ Change ☐ Addition
 NAME
PARDO, LILIANA M.
 STREET ADDRESS
3300 NE 192 ST SUITE 607
 CITY-ST-ZIP
AVENTURA FL, 33180

TITLE
CEFO ☐ Change ☒ Addition
 NAME
MCALISTER CARO
 STREET ADDRESS
3300 NE 192 ST, SUITE 607
 CITY-ST-ZIP
AVENTURA, FL 33180

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)