FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90413 043 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008502

1. Entity Name
CHAVARRIA & ASSOC. P.A., CPA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15307 Otto Rd
Suite, Apt. #, etc.
City & State
TAMPA, FL
Zip 33624 Country USA

3. Mailing Address
11282 W. HILLSBOROUGH AVE
Suite, Apt. #, etc.
City & State
TAMPA, FL
Zip 33635 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3488915 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name ROSA M. CHAVARRIA
Street Address (P.O. Box Number is Not Acceptable)
15307 Otto Rd
City TAMPA FL Zip Code 33624

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 _____ DATE
Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when executing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☑
(See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Pres
NAME	ROSA M. CHAVARRIA
STREET ADDRESS	15307 OTTO RD
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rosa M Chavarria 5-1-02 813 854-3233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #