

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028062

1. Entity Name

CHUCK'L PROMOTIONS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90146 035 \*\*\*150.00

Principal Place of Business

Mailing Address

11341 SW 160 CT.  
MIAMI FL 33196

11341 SW 160 CT.  
MIAMI FL 33196-4267

2. Principal Place of Business

3. Mailing Address

14853 SW 104 St

PO Box 960324

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. # 11

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33196

Country

USA

Zip

33296-0324

Country

USA

4. FEI Number

65-0824847

Applied For

Not Applicable

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

~~CACERES, CALOS~~  
~~11341 SW 160TH CT.~~  
~~MIAMI FL 33196~~

CACERES, CARLOS  
14853 SW 104 St Apt 11  
MIAMI, FL 33196

Name CACERES CARLOS

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

14853 SW 104 St Apt 11

City MIAMI

FL

Zip Code

33196

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

04/04/00

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 PST  
NAME ~~CACERES, CARLOS~~ CACERES CARLOS  
STREET ADDRESS 8410 W FLAGLER STREET STE 208  
CITY-ST-ZIP MIAMI FL 33144

TITLE PST  
NAME CACERES CARLOS  
STREET ADDRESS 14853 SW 104 St Apt 11  
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/00 (305) 380-1587

Date

Daytime Phone #