

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90604 040 \*\*\*158.75

**DOCUMENT # P98000028062**

1. Entity Name

**CHUCK'L PROMOTIONS, INC.**

Principal Place of Business

1453 S.W. 104 ST. / 14853 SW 104 St  
 APT #11 / Apt # 11  
 MIAMI FL 33196 / Miami FL 33196  
 US / US

Mailing Address

P.O. BOX 960324 / P.O. BOX 960324  
 MIAMI FL 33296-0324 / Miami FL 33296-0324  
 US / US

2. Principal Place of Business

14853 SW 104 St

3. Mailing Address

P.O. BOX 960324

Suite, Apt. #, etc.

Apt # 11

Suite, Apt. #, etc.

City & State

MIAMI, FL 33196

City & State

MIAMI, FL

Zip

33196

Country

US

Zip

33296-0324

Country

US

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

CACERES, CALOS

14853 SW 104 ST APT 11

MIAMI FL 33196

/ CACERES CARLOS

14853 SW 104 St Apt 11

Miami FL 33196

7. Name and Address of New Registered Agent

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

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, 2001 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	CACERES, CARLOS	
STREET ADDRESS	14853 S.W. 104ST APT 11	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/01

Date

(305) 752-5956

Daytime Phone #

CR2E034 (10/00)

0503327