

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080253

1. Entity Name

MR. CHIP OF MIAMI, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90041 009 ***150.00

Principal Place of Business

10835 SW 88 ST. APT 218
MIAMI FL 33176

Mailing Address

10835 SW 88 ST. APT 218
MIAMI FL 33176-1326

2. Principal Place of Business

4352 NW 114 PATH

Suite, Apt. #, etc.

3. Mailing Address

4352 NW 114 PATH

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

DADE

City & State

MIAMI, FL

Zip

33178

Country

DADE

4. FEI Number

65-0864178

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE CASTRO, PAULO R
10835 SW 88 ST, APT 218
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

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

4352 NW 114 PATH

City

MIAMI

FL

Zip Code

33178

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

Paulo R. Castro

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 3, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE CASTRO, PAULO R	
STREET ADDRESS	10835 SW 88 ST, APT 218	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DA SILVA, VERUSCHKA	
STREET ADDRESS	10835 SW 88 ST, APT 218	
CITY-ST-ZIP	MIAMI FL 33176	
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	4352 NW 114 PATH	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4352 NW 114 PATH	
CITY-ST-ZIP	MIAMI, FL 33178	
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:

Paulo R. Castro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)