2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAR 24 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0267377

DOCUMENT # P98000099944

1. Entity Name

INVERSIONES CHICRIS 21, CORP.

Principal Place of Business	Mailing Address
4360 NW 107TH AVE #205 MIAMI FL 33178	4360 NW 107TH AVE #205 MIAMI FL 33178-1886

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5650 NW 115th COURT	5650 NW 115th COURT
Suite, Apt. #, etc. # 208	Suite, Apt. #, etc. # 208
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33178 / Country	Zip 33178 / Country

4. FEI Number 65-0893264 ☐ 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
RIOS, LEOPOLDO 1800 WEST 49TH STREET SUITE 207 HIALEAH FL 33012	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOMENA, CARLOS 4360 NW 107TH AVE #205 MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD LOMENA, CARLOS 5650 NW 115th COURT # 207 MIAMI, FL 33178	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HENRIQUEZ, REINALDO 13130 S.W. 128TH ST. MIAMI FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300003195213--5 -04/04/00--01088--014 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD LOMENA, SANDRA J. 4360 NW 107TH AVE #205 MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD LOMENA, SANDRA Y. 5650 NW 115th COURT # 207 MIAMI, FL 33178	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CACERES, HERNAN 4360 NW 107TH AVE #205 MIAMI FL 33178	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ CARLOS LOMENA 03/21/2000 (305) 436-7286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #