

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 198000107521

1. Entity Name
HOEFLINGER & CHIARINI, INC.

FILED

02 OCT -3 PM 4: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/29/02 90722 037 \$ 900.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1777 SW 3 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
1777 SW 3 AVENUE
Suite, Apt. #, etc.

City & State
MIAMI, FL 33129

City & State
MIAMI, FLORIDA

4. FEI Number
05-0884600

Applied For
Not Applicable

Zip Country
33129 USA

Zip Country
33129 USA

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

REINSTATEMENT

01-02

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TIMOTHY S. KINGCADE

Street Address (P.O. Box Number is Not Acceptable)
1370 CORAL WAY

City MIAMI FL Zip Code 33145

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/01/02
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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
NAME 12ARNOTEGUI, MARIA (PD)
STREET ADDRESS 1777 SW 3 AVENUE
CITY-ST-ZIP MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME CHIARINI, ALEXANDRA (VTD)
STREET ADDRESS 1777 SW 3 AVENUE
CITY-ST-ZIP MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME HOEFLINGER, KERONKA (VSD)
STREET ADDRESS 1777 SW 3 AVENUE
CITY-ST-ZIP MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME SAENZ, GUSTAVO JR. (VD)
STREET ADDRESS 1777 SW 3 AVENUE
CITY-ST-ZIP MIAMI, FL 33129

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexandra Chiarini Alexandra Chiarini 10/1/02 805 8573476
Date Daytime Phone #