

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90123 029 \*\*\*550.00

979572



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000011507**

**1. Entity Name**  
**CHORNY INTERNATIONAL, INC.**

**Principal Place of Business**  
**3530 MYSTIC POINTE DRIVE**  
**APT. 1509**  
**AVENTURA FL 33180**

**Mailing Address**  
**3530 MYSTIC POINTE DRIVE**  
**APT. 1509**  
**AVENTURA FL 33180**

**2. Principal Place of Business**

**2520 NORTH EAST 184<sup>TH</sup> ST. 2520 NE 184 Street**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**City & State**  
**North Miami Beach, FL**

**City & State**  
**North Miami Beach, FL**

**4. FEI Number** **65-0808321**

**Applied For**  
**Not Applicable**

**Zip**  
**33160**

**Country**  
**USA**

**Zip**  
**33160**

**Country**  
**USA**

**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**

**MORENO, ROBERTO**  
**3530 MYSTIC POINTE DRIVE**  
**APT. 1509**  
**AVENTURA FL 33180**

**Name** **MORENO, ROBERTO**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2520 NE 184 ST**  
**NORTH MIAMI BEACH, 33160**  
**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. I am familiar with, and accept the obligations of registered agent.** **ONLY NEW ADDRESS.**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**SEPT. 8, 2002**

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ **Delete**  
**NAME** **MORENO, ROBERTO**  
**STREET ADDRESS** **3550 MYSTIC POINTE DR #1509**  
**CITY-ST-ZIP** **MIAMI FL 33180**

**TITLE** **PD** ☒ **Change** ☐ **Addition**  
**NAME** **ROBERTO, MORENO**  
**STREET ADDRESS** **2520 NE 184 ST**  
**CITY-ST-ZIP** **NORTH MIAMI BEACH, FL 33160**

**TITLE** **VPD** ☐ **Delete**  
**NAME** **MORENO, VIVIANA E**  
**STREET ADDRESS** **3530 MYSTIC PONTE DR #1509**  
**CITY-ST-ZIP** **MIAMI FL 33180**

**TITLE** **VPD** ☒ **Change** ☐ **Addition**  
**NAME** **MORENO, VIVIANA E**  
**STREET ADDRESS** **2520 NE 184 ST**  
**CITY-ST-ZIP** **NORTH MIAMI BEACH, FL 33160**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
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**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:** **VIVIANA E. MORENO**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**SEPT. 8, 2002** **305 682 1561**  
**Date Daytime Phone #**

CR2E034 (4/02)