

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031178

1. Entity Name
PALMA CH CORP.

FILED

02 APR 30 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15165 NW 77 AVENUE SUITE 1002
MIAMI LAKES FL 33014

Mailing Address
15165 NW 77 AVENUE SUITE 1002
MIAMI LAKES FL 33014

2. Principal Place of Business
15165 N.W. 77 AVE.

3. Mailing Address
15165 N.W. 77 AVE

Suite, Apt. #, etc.
2002

Suite, Apt. #, etc.
2002

City & State
MIAMI - FL.

City & State
MIAMI - FL.

4. FEI Number
65-0915057

Applied For
Not Applicable

Zip
33014

Zip
33014

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE SUITE 700
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name
CARLOS HERRERA JR.

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

15165 N.W. 77 AVE SUITE 2002

MIAMI

FL

Zip Code
33014

8. The above named entity submits this statement for the purpose of filing a report for the period of time specified in the jurisdiction of the State of Florida.

SIGNATURE
[Signature]

DATE

9. This corporation is eligible to qualify for reduced filing requirements and should file a report (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 2002 Fee will be \$350.00
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	D PANDO, DOMINGO 15165 NW 77 AVENUE SUITE 1002 MIAMI LAKES FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT CARLOS HERRERA JR. 15165 N.W. 77 AVE SUITE 2002 MIAMI - FL 33014	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RASCO, RAMON E ESQ 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	80000555228-7 -05/16/02--01055--026 ****158.75 ****158.75	☐ 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
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
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

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 supplement 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 a name like empowered.

SIGNATURE
[Signature]

4/17/02

CR2E034 (10-00)

PALMA CH CORP.

15165 N.W 77 Ave.

Suite 2002

Miami, Fl. 33014

Tel: 305-823-8099 / Fax: 305-823-9802

April 17, 2002

*To: Department of State
P.O.Box 6327
Tallahassee, Fl. 32314*

Dear Sir/Madam:

*Enclosed find check for annual report for 2002 - Palma CH Corp.
Document # P99000031178 in the amount of \$ 158.75.*

*Attached is a copy of 2001 annual report form since we did not received
original 2002 uniform business report.*

Sincerely,


*Ana Palma
Office Manager*