

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057581

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 13 PM 3:03

100003296511--2
-06/20/00--01024--016
****150.00 ****150.00
DO NOT WRITE IN THIS SPACE

1. Entity Name
CHYNNA PAIGE, INC

2. Principal Place of Business
**711 BUTTONWOOD LANE
MIAMI, FLORIDA
33137**

3. Mailing Address
**7380 Stirling Rd.
Suite # 307
Hollywood, FL 33024**

2. Principal Place of Business
711 Buttonwood Lane
Suite, Apt. #, etc.

3. Mailing Address
7380 Stirling Rd
Suite, Apt. #, etc.
Suite # 307

4. City & State
Miami, Florida

5. City & State
Hollywood, Florida

6. Zip
3137

7. Zip
33024

8. Country
USA

9. Country
USA

4. FEI Number Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**RONALD GAYLE, JR.
19390 COLLINS AVE #1019A
MIAMI, FLORIDA 33160
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent
Name
TWO GIRLS TALKING, INC / JOE ROSEN
Street Address (P.O. Box Number is Not Acceptable)
**800 DOUGLAS ROAD
Suite # 720
Coral Gables, FL 33134**

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 **CHYNNA LEONARD, Vice President** *Chynna Leonard, VP* **6/9/2000**
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 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	
TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME RONALD GAYLE	
STREET ADDRESS 19390 COLLINS AVE #1019A	
CITY-ST-ZIP N. MIAMI, FL 33160	
TITLE Registered Agent	<input checked="" type="checkbox"/> Delete
NAME RONALD GAYLE	
STREET ADDRESS 19390 COLLINS AVE #1019A	
CITY-ST-ZIP N. MIAMI, FL 33160	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Registered Agent	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TWO GIRLS TALKING, CHYNNA LEONARD, V.P.	
STREET ADDRESS 800 DOUGLAS Rd #720	
CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KYMBERLY LEONARD	
STREET ADDRESS 800 DOUGLAS RD. #720	
CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KERRY KENNY GODINA	
STREET ADDRESS 800 DOUGLAS ROAD #720	
CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Leonard-Paige, Chynna	
STREET ADDRESS 800 Douglas Rd #720	
CITY-ST-ZIP Coral Gables, FL 33134	
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: **Chynna Leonard President** *Chynna Leonard* **June 09, 2000**
Signature and typed or printed name of signing officer or director Date Daytime Phone # **305-593-9291**

CR2E034 (9/99)