

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90100 039 ***550.00

DOCUMENT # P99000070465

1. Entity Name
EL CHAPARRO, INC.

Principal Place of Business
**4550 BARCLAY CRESENT DR.
 LAKE WORTH FL 33463**

Mailing Address
**4550 BARCLAY CRESENT DR.
 LAKE WORTH FL 33463**

00000014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5891 S. Military Tr.
 Suite, Apt. #, etc.

3. Mailing Address
3790 Max Pl.
 Suite, Apt. #, etc.
#103

City & State
Lake Worth, FL
 Zip
33463
 Country
USA

City & State
Boynton Beach, FL
 Zip
33436
 Country
USA

4. FEI Number
65-0940539

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

**GONZALEZ, EVA G
 4550 BARCLAY CRESENT DR.
 LAKE WORTH FL 33463**

Name
 Street Address (P.O. Box Number is Not Acceptable)
3790 Max Pl #103
 City **Boynton Beach, FL** Zip Code **33436**

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 GONZALEZ, EVA G 4550 BARCLAY CRESENT DR. LAKE WORTH FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JOSEPH 4550 BARCLAY CRESENT DR. LAKE WORTH FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gonz	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D GONZALEZ EVA G 3790 Max Pl #103 Boynton Beach, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D GONZALEZ JOSEPH 3790 Max Pl #103 Boynton Beach, FL 33436	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST.D GONZALEZ JOSE 3790 MAX PL #103 Boynton Beach, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Eva Gonzalez* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: **561-740-0312**

CR2E034 (5/00)