

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90200 035 ***150.00

DOCUMENT # P99000070465

1. Entity Name
EL CHAPARRO, INC.

Principal Place of Business
**6667 LAKEWORTH ROAD
 LAKE WORTH FL 33467-1507**

Mailing Address
**3790 MAX PLACE
 #103
 BOYNTON BEACH FL 33436**



2. Principal Place of Business

3. Mailing Address

6667 Lakeworth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeworth, FL

4. FEI Number

65-0940539

Applied For

Not Applicable

Zip

Country

Zip

33467-1507

Country

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
 3790 MAX PLACE
 # 103
 BOYNTON BEACH FL 33436**

Name

EVA G. GONZALEZ

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

6667 Lakeworth Rd

City

Lakeworth

FL

Zip Code

33467-1507

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

Eva Gonzalez

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

(NOTE: Registered Agent signature required when reinstating)

1/18/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, EVA G	
STREET ADDRESS	3790 MAX PLACE #103	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSEPH	
STREET ADDRESS	3790 MAX PLACE # 103	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSE	
STREET ADDRESS	3790 MAX PLACE # 103	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
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	EVA G. GONZALEZ (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6667 Lakeworth Rd	
STREET ADDRESS	Lakeworth, FL 33467-1507	
CITY-ST-ZIP		
TITLE	Joseph Gonzalez	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6667 Lakeworth Rd	
STREET ADDRESS	Lakeworth, FL 33467-1507	
CITY-ST-ZIP		
TITLE	Jose Gonzalez	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6667 Lakeworth Rd	
STREET ADDRESS	Lakeworth, FL 33467-1507	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Eva Gonzalez* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02 561-357-8557

Date Daytime Phone #

0380960 AV

CR2E034 (9/01)