

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 AUG -6 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P990000 75295*

1. Entity Name
Chocolatino Promotions Co.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1027 Pennsylvania Ave

3. Mailing Address
1027 Pennsylvania Ave

REINSTATEMENT 01-03
DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
204

Suite, Apt. #, etc.
204

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number
65-0950731

Applied For
Not Applicable

Zip
33139

Country
Dade

Zip
33139

Country
Dade

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mark F. Raymond

Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd

Suite 2600

City
Miami FL

FL

Zip Code
33131

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.

SIGNATURE *Robert Todak*

VP *5-22-03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
President
NAME
Groogey Davis
STREET ADDRESS
1027 Pennsylvania Ave #204
CITY-ST-ZIP
Miami Beach, FL 33139

TITLE
NAME
200022344722
STREET ADDRESS
*08/15/03--01012--024 **250.00*
CITY-ST-ZIP

TITLE
Vice President
NAME
Robert Todak
STREET ADDRESS
710 N.E. 72nd Terrace
CITY-ST-ZIP
Miami, FL 33138-5261

TITLE
NAME
200022344722
STREET ADDRESS
*08/15/03--01012--025 **800.00*
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Robert Todak* *VP*

5-22-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)