FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P99000079598 1. Entity Name CHICAMA ENTERPRISES CORPORATION 04-12-2001 90006 032 \*\*\*150.00 Principal Place of Business Mailing Address 7440 JOHNSON ST. 7440 JOHNSON ST. HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0946846 Not Applicable DAJ & Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEMINARIO-ROSARIO 7440 JOHNSON ST. HOLLYWOOD FL 33024 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Delete SEMINARIO, ROSARIO NAME NAME STREET ADDRESS STREET ADDRESS 7440 JOHNSON ST. CITY-ST-ZIP CITY - ST - ZIP HOLLYWOOD FL 33024 TITLE ☐ Delete TITLE SEMINARIO, CARLOS NAME STREET ADDRESS STREET ADDRESS 7440 JOHNSON ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 Addition TITLE ☐ Delete TITLE SEMINARIO, FERNANDO NAME NAME STREET ADDRESS STREET ADDRESS 7440 JOHNSON ST. CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33024 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP ☐ Change ☐ Addition TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/200/ (305) 4664331 Date Dayme Phone #