

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90055 018 ***150.00

0287427 AV

DOCUMENT # P99000091162

1. Entity Name
CHAPARRO GALAN INVESTMENT CORPORATION

Principal Place of Business **Mailing Address**
 2999 NE 191ST STREET SUITE 900 2999 NE 191ST STREET SUITE 900
 AVENTURA FL 33180 AVENTURA FL 33180

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0952878** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R
2999 NE 191ST STREET SUITE 900
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 \$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

TITLE	DP	<input type="checkbox"/> Delete
NAME	CHAPARRO, HERNAN	
STREET ADDRESS	CALLE 141 A #15-11 INT. 2	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAPARRO, JEANNETTE	
STREET ADDRESS	CALLE 141 A #15-11 INT. 2	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHAPARRO, NATALIA	
STREET ADDRESS	CALLE 141 A #15-11 INT. 2	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chaparro, Hernan	
STREET ADDRESS	CRA 7 #132-10 Int. 2 Apto 602	
CITY-ST-ZIP	Bogota, Colombia	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chaparro, Jeanette	
STREET ADDRESS	CRA 7 #132-10 Int. 2 Apto 602	
CITY-ST-ZIP	Bogota, Colombia	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chaparro, Natalia	
STREET ADDRESS	CRA 7 #132-10 Int. 2 Apto 602	
CITY-ST-ZIP	Bogota, Colombia	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-2002 1(571)6255906

Date Daytime Phone #

CR2E034 (9/01)