FILED
Jan 24, 2002 8:00 am
Secretary of State
01-24-2002 90002 044 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S38767 ✓

1. Entity Name
Beach Chrome, Inc.

808056

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
233 11th Street	233 11th Street	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Miami Beach, Fl	City & State: Miami Beach, FL	4. FEI Number: 65-0248024 ☐ Applied For ☐ Not Applicable
Zip: 33139 Country: USA	Zip: 33139 Country: USA	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: Jose Antonio Perez
Street Address (P.O. Box Number is Not Acceptable): 233 11th STREET
City: Miami Beach FL Zip Code: 33139

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] 1/11/02
Signature, typed or printed name of registered agent and title if applicable. (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) ☐	**January 1 - May 1 Fee is $150.00** **After May 1, Fee is $550.00** **Amended UBR is $61.25** **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: D NAME: George, Lou STREET ADDRESS: 233 11th street CITY-ST-ZIP: Miami Beach, Fl 33139-5006	☒ Delete	TITLE: P/D NAME: Jose Antonio Perez STREET ADDRESS: 233 11th street CITY-ST-ZIP: Miami Beach, Fl 33139-5006	☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: V-P NAME: Natalia Perez STREET ADDRESS: 233 11th Street CITY-ST-ZIP: Miami Beach, Fl 33139-5006	☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRESIDENT 305 3897711 of 305 5397707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #