

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90326 032 ***550.00

DOCUMENT # V28001
 1. Entity Name
CHUBBER CORP.

Principal Place of Business
1330 COLLINS AVE
10
MIAMI BEACH FL 33139
US

Mailing Address
PO BOX 654956
MIAMI FL 33265
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8745 S.W. 21 TERR.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
MIAMI, FL 33165

City & State

Zip
33165 Country

4. FEI Number **65-0332159** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ESCANDELL, JOSE P
1330 COLLINS AVE
10
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
8745 S.W. 21 TERR.
 City **MIAMI, FL** Zip Code **33165**

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 *J. Escandell* (NOTE: Registered Agent signature required when reinstating)

DATE 07/15/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PDT	<input type="checkbox"/> Delete
NAME	ESCANDELL, NORMA D.	
STREET ADDRESS	PO BOX 654956	
CITY-ST-ZIP	MIAMI FL 33265	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ESCANDELL, JOSE P.	
STREET ADDRESS	PO BOX 65956	
CITY-ST-ZIP	MIAMI FL 33265	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ESCANDELL, NORMA	
STREET ADDRESS	PO BOX 654956	
CITY-ST-ZIP	MIAMI FL 33265	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 I am empowered.

SIGNATURE: *J. Escandell* **SIGNATURE REQUIRED** DATE 07/15/02 305-331-6281
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (4/02)