

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33534

1. Entity Name

CHICA RICA, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90124 016 ***150.00

Principal Place of Business

Mailing Address

7593 NW 8TH STREET
 UNIT #4
 MIAMI FL 33126
 US

7593 N.W. 8TH STREET
 UNIT #4
 MIAMI FL 33126-2939
 US

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 **65-0330183**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, MICHAEL
 7593 NW 8TH STREET
 MIAMI FL 33126

Name

McDougall, Gregory

Street Address (P.O. Box Number is Not Acceptable)

7593 NW 8 St #4

City

Miami

FL

Zip Code

33126

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

Ross, Michael

[Signature]

4/20/00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PSD
 ROSS, MICHAEL
 STREET ADDRESS 7593 NW 8TH ST. #4
 CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE NAME V
 ROSS, Michael
 STREET ADDRESS 7593 NW 8 St #4
 CITY-ST-ZIP Miami, FL 33126

☒ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE NAME P/D
 Shelby McDougall, Shelby
 STREET ADDRESS 7593 NW 8 St #4
 CITY-ST-ZIP Miami, FL 33126

☐ Change ☒ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE NAME V/S
 Gregory McDougall, Gregory
 STREET ADDRESS 7593 NW 8 St #4
 CITY-ST-ZIP Miami, FL 33126

☐ Change ☒ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE NAME V/T
 Greg Lambert, Gregg
 STREET ADDRESS 7593 NW 8 St #4
 CITY-ST-ZIP Miami, FL 33126

☐ Change ☒ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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]

Gregory McDougall

4/20/00

305-265-1104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)