

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90215 009 ***150.00

DOCUMENT # V42686

1. Entity Name

CHE, TANO INC.

Principal Place of Business

**13726 SW 88 STR
MIAMI FL 33186
US**

Mailing Address

**10822 SW 89 LN
MIAMI FL 33176
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 **65-0344236**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DI LORENZO, LUCIANO
10822 SW 89 LN
MIAMI FL 33176**

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

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, 2001 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	DPT	<input type="checkbox"/> Delete
NAME	DI LORENZO, LUCIANO	
STREET ADDRESS	10822 SW 89 LN	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MEDINA, SANDRA	
STREET ADDRESS	9104 SW 15TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENZO, GRACIELA	
STREET ADDRESS	10822 SW 89 LN	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENZO, EMIDIO	
STREET ADDRESS	10822 SW 89 LN	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	DI LORENZO, SERGIO	
STREET ADDRESS	10822 SW 89 LN	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIANO DI LORENZO	
STREET ADDRESS	10822 SW 89 LN	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA SANDRA	
STREET ADDRESS	9104 SW 15TH CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	DIRECTOR, TREASURE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI LORENZO GRACIELA	
STREET ADDRESS	10822 SW 89 LN	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DIRECTOR - VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI LORENZO EMIDIO	
STREET ADDRESS	10822 SW 89 LN	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DIRECTOR, SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI LORENZO SERGIO	
STREET ADDRESS	10822 SW 89 LN	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DI LORENZO CARLA	
STREET ADDRESS	10822 SW 89 LN	
CITY-ST-ZIP	MIAMI FL 33176	

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

Date

Daytime Phone #

CR2E034 (10/00)