

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47075

1. Entity Name

CHAPIN AUTO SALES, CORP.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90067 010 \*\*\*150.00

Principal Place of Business

Mailing Address

1873 OPA LOCKA BLVD.  
OPA LOCKA FL 33054  
US

15913 NW 45TH AVE  
OPALOCKA FL 33054-6044

2. Principal Place of Business

13700 NW 19 Ave #14 OPALOCKA FL 33054

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPALOCKA FL

City & State

OPALOCKA FL

Zip

33054

Country

USA

Zip

33054

Country

USA

4. FEI Number

65-0345980

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

BARRIOS, EDDY A  
15913 NW 45TH AVE  
OPALOCKA FL 33054

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, 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  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
BARRIOS, DORA E.  
15913 NW 45TH AVE  
OPALOCKA FL 33054

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
BARRIOS EDDY A.  
15913 NW 45AVE  
OPALOCKA FL 33054

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VM  
BARRIOS, EDDY A.  
15913 NW 45TH AVE  
OPALOCKA FL 33054

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EDDY Barrios

3-7-00

305  
626-0703