

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716257

1. Entity Name

1969 LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEV

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90019 020 ****61.25

Principal Place of Business HUIT CHEVAUX GRAND VOITURE OF FLORIDA 316 S W 25TH STREET FORT LAUDERDALE FL 33315	Mailing Address 924 N.W. 11TH CT FT LAUDERDALE FL 33311-6144 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 1540 N 71 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State HOLLYWOOD, FL
Zip	Zip 33024
Country	Country BROWARD

4. FEI Number 59-6151483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOCYK, EDWARD
2134 NOVA VILLAGE DR
DAVIE FL 33317

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ED 111 ROYAL PARK DR., #1-H FT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, WILLIAM 1561 N.E. 43RD ST FT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, GENE 924 NW 11 COURT FT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHER, SAM 1540 N. 71ST AVE HOLLYWOOD FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOCYK, EDWARD 2134 NOVA VILLAGE DR DAVIE FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, WILLIAM 1561 NE 43 ST FT LAUDERDALE FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHICHTL, HERBERT A. 1600 N 71 AVE HOLLYWOOD FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARCHER, SAM 1540 N 71 AVE HOLLYWOOD FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD W. DOCYK **2/1/2000** (954) 916-8913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)