

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07749

1. Entity Name
CHANEL, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90103 036 ***150.00

Principal Place of Business Mailing Address
876 CENTENNIAL AVE **876 CENTENNIAL AVE**
PISCATAWAY NJ 08855 **PISCATAWAY NJ 06854-3917**

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 **13-0565120** 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

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

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	D <input type="checkbox"/> Delete
NAME	WERTHEIMER, ALAIN
STREET ADDRESS	9 WEST 57 STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	D <input type="checkbox"/> Delete
NAME	KOPELMAN, ARIE
STREET ADDRESS	9 WEST 57TH STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> Delete
NAME	HEILBRONN, CHARLES
STREET ADDRESS	9 WEST 57 STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	CFO <input type="checkbox"/> Delete
NAME	MURPHY, MICHAEL F.
STREET ADDRESS	9 WEST 57TH STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> Delete
NAME	GANNON, DENNIS
STREET ADDRESS	9 WEST 57 STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	<input type="checkbox"/> Delete
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
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	
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 like empowered.

SIGNATURE: **Signature Required**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/00 732-885-5500
Date Daytime Phone #

CR2E034 (9/99)