

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1540 N 71 AVE
Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

Zip
33024

Country
BROWARD

4. FEI Number
59-6151483

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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)