

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 203283

1. Entity Name

CHALET RESTAURANT, INC.

Principal Place of Business

223 SUNSET AVE.
SUITE 223
PALM BEACH FL 33480

Mailing Address

223 SUNSET AVE
SUITE 223
PALM BEACH FL 33480

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH FL 33401

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

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

TITLE ☐ Delete

NAME D
STREET ADDRESS COOK, PATRICIA L
CITY-ST-ZIP 223 SUNSET AVE
PALM BEACH FL 33480

TITLE ☒ Delete

NAME CEO
STREET ADDRESS COOK, EDWARD W
CITY-ST-ZIP 223 SUNSET AVE
PALM BEACH FL 33480

TITLE ☐ Delete

NAME DVST
STREET ADDRESS COOK, MARK
CITY-ST-ZIP 223 SUNSET AVE
PALM BEACH FL 33480

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Mark W. Cook*, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK W. COOK 4/10/2001 561/837-8672

Date

Daytime Phone #

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90047 048 ***150.00

00035703



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0828446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)