

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 587465**1. Entity Name  
CHIPPENDALE, INC.**Principal Place of Business**

14580 N.W. 27TH AVENUE

OPA LOCKA  
33054

FL

**Mailing Address**

14580 N.W. 27TH AVENUE

OPA LOCKA  
33054

FL

**2. Principal Place of Business****3. Mailing Address**

1637 WINKLER AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**City & State  
FT. MYERS

FL

Zip

Country

Zip

Country

33901

**4. FEI Number****59-1858081**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**GENTILE, MARY C.  
14580 N.W. 27TH AVENUEOPA LOCKA  
33054

FL

**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)

**04/27/2001**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VP ☐ Delete  
NAME GENTILE JOHN R  
STREET ADDRESS 14580 NW 27 AVE  
CITY-ST-ZIP OPA LOCKA FL 33054TITLE VP ☒ Change ☐ Addition  
NAME GENTILE JOHN R  
STREET ADDRESS 14580 NW 27 AVE  
CITY-ST-ZIP OPA LOCKA FL 33054TITLE PS ☐ Delete  
NAME GENTILE, MARY C.  
STREET ADDRESS 1637 WINKLER AVE  
CITY-ST-ZIP FT MYERS FL 33901TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ 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:** John R. Gentile

VP

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)