

2001

UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90131 001 *5,100.00

DOCUMENT # 626607

1. Entity Name

CHEVALIS CONSTRUCTION, INC.

Principal Place of Business

C/O SANFORD N. REINHARD
 2875 NE 191ST STREET, #404
 NORTH MIAMI BCH. FL 33180

Mailing Address

C/O SANFORD N. REINHARD
 2875 NE 191ST STREET, #404
 NORTH MIAMI BCH. FL 33180-2831

38259



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1938433**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REINHARD, SANFORD N., P.A.
 2875 NE 191ST STREET, SUITE 404
 NORTH MIAMI BCH. FL 33180

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 ☒ Delete
 NAME **VD GOLDLIST, ISADORE**
 STREET ADDRESS **17600 NO. BAY RD., #801**
 CITY-ST-ZIP **NO. MIAMI BEACH FL**

TITLE ☒ Change ☐ Addition
 NAME **FAY GOLDLIST**
 STREET ADDRESS **12 Goldfinch Ct**
 CITY-ST-ZIP **WILLOWDALE, ONTARIO M2R2C4**

TITLE ☒ Delete
 NAME **SD GOLDLIST, F.**
 STREET ADDRESS **17600 NO. BAY RD., #801**
 CITY-ST-ZIP **NO. MIAMI BEACH FL**

TITLE ☒ Change ☐ Addition
 NAME **BARRY MITCHELL GOLDLIST**
 STREET ADDRESS **12 Goldfinch Ct**
 CITY-ST-ZIP **Willowdale Ontario M2R2C4**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 filers empowered.

SIGNATURE: *Fay Goldlist*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10/01

(305) 932-7558

Date

Daytime Phone #