2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **736697**1. Entity Name

200	2 UNIFORM BU	JSINE	SS REPO	RT	(UBR	3)	FILE			
DOCUMENT # 736697 1. Entity Name THE CHATEAUX CLUB, INC.						M S	May 23, 2002 8:00 am Secretary of State			
THE CH	IATEAUX CLUB, INC.						05-23-2002 90104 0	28 ****6:	1.25	
Principal Plac	ce of Business	Maili	ing Address	 ,						
7071 W. COMMERCIAL BLVD STE 28 TAMARAC FL 33319		STE 2	7071 W. COMMERCIAL BLVD STE 28 TAMARAC FL 33319							
2 Principal F	Place of Business	la Ma	ailing Address							
2. Principal Place of Business			3. Mailing Address			1 1001111 FB 650 1	***************************************	2,011 2(21) 010		
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.				DO NOT WRITE IN THIS S	PACE		
City & State		С	City & State			4. FEI Number 5	9-2201969		oplied For ot Applicable	
Zip	Country	Z	ip	Cou	ıntry	5. Certificate of S		8.75 Add	ditional	
	6. Name and Address of Cur	rent Register	red Agent	l	N	7. Name and Ado	fress of New Registered A	· ·		
						Name Street Address (P.O. Box Number is Not Acceptable)				
SUNRAE MANAGEMENT SERVICES, INC. 7071 W. COMMERCIAL BLVD.			Street Addre		Liress (F.O. Box Number is					
SUITE 28	C FL 33319				City P-1 Zip Code					
	e named entity submits this stateme	ent for the pur	pose of changing its	registere	ed office or r	eaistered agent, or both, in	FL the state of Florida.			
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SIGNATURE	Taux Blusc	L, V4	PILCAM	1						
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*	Signature, typed or printed name of registered	agen and title if an	optcable. (NOTI	E: Registered	d Agent signature	required when reinstating)	DATE			
	Signature, typed or printed name of registered	agen and title if an	9. Election Car Trust Fund C	npaign F	inancing	\$5.00 May Be	Make Check Departmen			
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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 giner like empowered.

SIGNATURE: