

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000819

1. Entity Name

CHATHAM LANDING APARTMENTS LIMITED, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90088 034 ***150.00

Principal Place of Business

30 ST CLAIR AVE W #1100
TORONTO, ONTARIO, CANADA M4V -3A1

Mailing Address

30 ST CLAIR AVE W #1100
TORONTO, ONTARIO, CANADA M4V -3A1

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 98-0117845

Applied For

Not Applicable

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

MEDOFF, RONALD A
2550 ALAFAYA TR
ORLANDO FL 32826

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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's 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCV ☐ Delete
NAME MEDOFF, RONALD
STREET ADDRESS 30 ST CLAIR AVE W #1100
CITY-ST-ZIP TORONTO, ONTARIO, CANADA M4V -3A1

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME HOFFER, MAYER
STREET ADDRESS 30 ST CLAIR AVE W #1100
CITY-ST-ZIP TORONTO, ONTARIO, CANADA M4V -3A1

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2001 416-972-0458
Date Daytime Phone #

CR2E034 (10/00)