## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 15, 2001 8:00 am DOCUMENT # F9700000382 **Secretary of State** CHALJET 1021 HOLDINGS INC. 02-15-2001 90304 001 \*\*\*900.00 Principal Place of Business Mailing Address 5340 N.W. 21ST AVENUE 5340 N.W. 21ST AVENUE Building 60 BUILDING 60 26484 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0744620 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELLIS, BARRY Street Address (P.O. Box Number is Not Acceptable) 5340 N.W. 21ST AVENUE **BUILDING 60** FT. LAUDERDALE FL 33309 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees ХI (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VPD X Addition TITI F ☐ Delete TITLE [X] Change BRENKUS, SHARLENE Brenkus, Sharlene NAME NAME STREET ADDRESS 225 DANIA BEACH BLVD #210 STREET ADDRESS 225 Dania Beach Blvd. #210 CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP Dania, Florida 33004 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ELLIS, BARRY NAME 5340 NW 21ST AVE., BLDG. 60 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Addition TITLE ☐ Delete TITLE Change والمراكز والمتعارف والمستعدد المتعارف PROCTOR, ROGER W NAME NAME STREET ADDRESS 2085 HURONTARIO ST., STE. 200 STREET ADDRESS CITY-ST-ZIP MISSISSAUGA, ONTARIO L5A 4G1 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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.

Roger W. Proctor.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/01