

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J20473

1. Entity Name

CHAMMAS REALTY CORPORATION

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90062 024 \*\*\*150.00

Principal Place of Business

Mailing Address

219 CHURCHILL DRIVE  
LONGWOOD FL 32779  
US

122 EAST 42ND STREET  
1507  
NEW YORK N. 10168-1599  
US

2. Principal Place of Business

900 WINDYBUSH PLACE  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MAITLAND FLORIDA

City & State

4. FEI Number

59-2743447

Applied For

Not Applicable

Zip

Country

32777

ORANGE

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

XL CORPORATE SERVICES, INC.  
216 W. COLLEGE AVE.  
TALLAHASSEE FL 32301

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 DO ☐ Delete  
NAME CHAMMAS, FREDRIKO  
STREET ADDRESS 721 FIFTH AVE.  
CITY-ST-ZIP NEW YORK NY

TITLE President DO ☒ Change ☐ Addition  
NAME clORR Hochberg 122 E. 42 St.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DO ☐ Delete  
NAME CHAMMAS, JEAN-PAUL  
STREET ADDRESS 721 FIFTH AVE.  
CITY-ST-ZIP NEW YORK NY

TITLE ☒ Change ☐ Addition  
NAME clORR Hochberg 122 E. 42 St.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME HOCHBERG, RALPH R  
STREET ADDRESS 122 EAST 42ND STREET  
CITY-ST-ZIP NEW YORK N.

TITLE VP, D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 10/68

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 212-6973806  
Date Daytime Phone #

CR2E034 (9/99)