

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90106 004 ***150.00

DOCUMENT # J34026

1. Entity Name

CHEZ MADELYN, INC.

Principal Place of Business

Mailing Address

4900 LINTON BOULEVARD, #30
 BOCARAY SHOPPING PLAZA
 DELRAY BEACH FL 33445-6686

4900 LINTON BOULEVARD, #30
 BOCARAY SHOPPING PLAZA
 DELRAY BEACH FL 33445-6686

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2723140**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDMAN, MADELYN D
5 ISLAND AVE
APT. 8G
MIAMI BEACH FL 33434

Name **PEARL Goldman**
 Street Address (P.O. Box Number is Not Acceptable) **7579 San Pedro St.**
Boynton Beach
 City **Boynton Beach** FL Zip Code **33437**

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 *Pearl Goldman* *Pearl* *4/26/00*
 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

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TITLE	NAME	TITLE	NAME
VP	GOLDMAN, MADELYN D		
	5 ISLAND AVE.-APT. 8G		
	MIAMI BEACH FL		
P	GOLDMAN, PEARL		
	7579 SAN PEDRO ST.		
	BOYNTON BEACH FL 33437-4089		

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: *Pearl Goldman* *Pearl* *4/26/00* *561-4964110*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)