

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J36904

1. Entity Name
CHOCK CO., INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90003 032 ***550.00

Principal Place of Business

% DONALD LOCKSHIN
19816 WEST DIXIE HWY.
N MIAMI BCH FL 33180

Mailing Address

% DONALD LOCKSHIN
19816 WEST DIXIE HWY.
N MIAMI BCH FL 33180

UUUUUUU1J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5400 S University Dr
Suite, Apt. #, etc. Suite 416A

3. Mailing Address

5400 S University Dr
Suite, Apt. #, etc. Suite 416A

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

59-2722682

Applied For

Not Applicable

Zip

33328 Broward

Zip

33328 Broward

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

6. Name and Address of Current Registered Agent

SCHWARTZ, JOSEPH L, ESQ.
4040 SHERIDAN ST
P.O. BOX 7259
HOLLYWOOD FL 33081-1259

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PSD
NAME LOCKSHIN, DONALD
STREET ADDRESS 19816 W DIXIE HWY
CITY-ST-ZIP N MIAMI BCH FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME LOCKSHIN, DONALD
STREET ADDRESS 5400 S University Dr
CITY-ST-ZIP DAVIE FL 33328 ☒ Change ☐ Addition

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

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

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

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

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

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:

Donald Lockshin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00 954-434-3330
Date Daytime Phone #