## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## J46990 DOCUMENT #

1. Entity Name

THE CHANIN COMPANY



## Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90131 036 \*\*\*150.00

Principal Place of Business C/O GERALD M CHANIN 211 E 70TH ST. SUITE 14A NEW YORK NY 10021		211 E 70TH ST. S	Mailing Address C/O GERALD M CHANIN 211 E 70TH ST. SUITE 14A NEW YORK NY 10021				
2. Principal Place of Business		3. Mailing Address			- L COURTE OUT BEEN OUTE TONG THAT BOT BEEN DIGHT BOOK BION OF A COURT OF A C		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 59-2748706	Applied For Not Applicable	
Zip `	Country	Zip	Count	ry	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		
VOGLER IL E	:DWARD	- · · · · ·		Name	en e		
Vogler II, Edward			[	Street Address (P.O. Box Number is Not Acceptable)			

BLALOCK, LANDERS, WALTERS & VOGLER P.A. 802 11TH ST W **BRADENTON FL 34205** 

1. Name and Address of New Neglistered 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE							
	Signature,	typed or	printed	name of I	reaistered	agent and title	e it applicable

STREET ADDRESS

CITY-ST-ZIP

(NOTE: Registered Agent signature required when reinstating)

Trust Fund Contribution.

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE ☐ Delete ☐ Change CHANIN, GERALD M. NAME NAME 211 E. 70TH ST. STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change THILE Delete Delete TITLE 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 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: <