FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 24, 2001 8:00 am Secretary of State **DOCUMENT # J61140** 1. Entity Name 05-24-2001 90004 006 ***150.00 CHANTELLE, INC. Principal Place of Business Mailing Address 230 LOCK RD υννυτυ 230 LOCK RD DEERFIELD BCH FL 33442 DEERFIELD BCH FL 33442 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0001396 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TEITELBAUM, JOEL Street Address (P.O. Box Number is Not Acceptable) 230 LOCK RD **DEERFIELD BCH FL 33442** Zip Code City 8. The above named entity submits this statement for the purpose of changing its rigistered office or registered agent, or both, in the State of Florida SIGNATURE Si ;nature, typed or printed name of registered agent and title if applicable. registered Agent signature required when reinstating) DATE FEE IS \$150.00 FILE NOW! 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 200 | Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition PTSD ☐ Delete TITLE TITLE NAME NAME TEITELBAUM, JOEL STREET ADDRESS STREET ADDRESS 230 LOCK RD CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE IJŤLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE HAME NAME

> STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for indicated on this report or supplemental report is true and accurate and that missignature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the repeiver or trustee empowered tolexecute this report a 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 order.

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER C | DIRECTOR

JUE'_ TEITELBAUM May 21 2001
DEFICER C & DIRECTOR
Date

CR2E034 (10/00)

Stantelle

Q60346 Doc# J61140

May 21. 2001

Duision of Comprations Muform Business Regard Lilings P.O. Box 1500 Tallalassee Il. 32302-1500

Exquisite Faux Jewelry

Re 2001 Uniform Business Report FEI #65-0001396

Sect Sis of Madam,

Of the workland it has some to out attention that this return was not fill promptly due to the negligine of a former employee.

We are endoing the return together will out check for \$150.00. Please accept this check with the return together with our apolities.

Dead up for upon cooperation.

Incerely

JOEL TEITELBAUM

PRESIDENT