

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009477 AF

DOCUMENT # L00000007609

1. Entity Name  
CHIC CHAC, LLC

FILED

01 APR -9 AM 7:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8200 PONCE DE LEON BLVD  
SOUTH MIAMI FL 33143

Mailing Address  
8200 PONCE DE LEON BLVD  
SOUTH MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8200 PONCE DE LEON RD. 8200 PONCE DE LEON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

65-1020845

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

33143

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN, STANTON G  
1570 MADRUGA AVE  
#311  
CORAL GABLES FL 33146

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE President/Managing Member ☐ Delete  
NAME Mark S. Geltzer  
STREET ADDRESS 8200 Ponce De Leon Blvd.  
CITY-ST-ZIP Miami, FL 33143

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

TITLE Secretary/Manager ☐ Delete  
NAME Stanton G. Levin  
STREET ADDRESS 1570 Madruga Ave. Suite 311  
CITY-ST-ZIP Coral Gables, FL 33146

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/4/01

305-662-1988

Date

Daytime Phone #

CR2E083 (11/00)