

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L75253

1. Entity Name

CHAPEL TRAIL BUILDING, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90043 031 ***150.00

40032870



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9000 SHERIDAN ST. #130 PEMBROKE PINES FL 33024	Mailing Address 9000 SHERIDAN ST. #130 PEMBROKE PINES FL 33024-8801
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2. Principal Place of Business 21011 Johnson Street Suite, Apt. #, etc. Suite 101 City & State Pembroke Pines, Florida Zip 33029	3. Mailing Address 21011 Johnson Street Suite, Apt. #, etc. Suite 101 City & State Pembroke Pines, Florida Zip 33029
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4. FEI Number 65-0201825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOENIG, PAUL 9000 SHERIDAN ST/ #130 PEMBROKE PINES FL 33024	7. Name and Address of New Registered Agent Name - same Street Address (P.O. Box Number is Not Acceptable) 21011 Johnson Street Suite 101 City Pembroke Pines FL Zip Code 33029
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KOENIG, PAUL 9000 SHERIDAN ST. #130 PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21011 Johnson Street, Suite 101 Pembroke Pines, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KOENIG, MICHAEL 9000 SHERIDAN ST. #130 PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21011 Johnson Street, Suite 101 Pembroke Pines, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Michael A. Koenig, Vice President 2/7/00 954-436-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #