

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90148 029 ***550.00

DOCUMENT # L80755

1. Entity Name
CHANE, INC.

Principal Place of Business

% ALAN CHANE
 3001 HARBOR DR.
 FT. LAUDERDALE FL 33316

Mailing Address

% ALAN CHANE
 3001 HARBOR DR.
 FT. LAUDERDALE FL 33316

2. Principal Place of Business

3700 Galt Ocean Drive

3. Mailing Address

~~1/2 ALAN CHANE~~

Suite, Apt. #, etc.
 # 508

Suite, Apt. #, etc.

~~3200 SPALDING DRIVE~~

City & State
 Ft Lauderdale, Florida

City & State
 ATLANTA, GA.

4. FEI Number **65-0201290**

Applied For
 Not Applicable

Zip
 33308

Country
 USA

Zip
 30350

Country
 USA

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

CHANE, ALAN -
 3001 HAROBR DR.
 FT. LAUDERDALE FL 33316

↑
 Michael K. Halton
 3700 Galt Ocean Dr.
 Apt 508
 Ft. Lauderdale, FL 33308

Name **Michael K. Halton**
 Street Address (P.O. Box Number is Not Acceptable)
3700 GALT Ocean Drive
APT. 508
 City **Ft Lauderdale, FL** Zip **33308**

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 *Michael K. Halton*
 Signature, typed or printed name of registered agent and title if applicable.

Michael K. Halton
 (NOTE: Registered Agent signature required when reinstating)

08-26-02
 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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTV	<input type="checkbox"/> Delete
NAME	CHANE, ALAN	
STREET ADDRESS	3001 HARBOR DR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPTV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANE, ALAN	
STREET ADDRESS	3200 SPALDING DRIVE	
CITY-ST-ZIP	ATLANTA, GEORGIA 30350	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Alan J Chane*
SIGNATURE REQUIRED ALAN J CHANE

08-26-02
 404 503 4573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)