

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90094 005 ****50.00

DOCUMENT # L99000005932

1. Entity Name

CHAPEL TRAIL BUSINESS PARK, LLC

Principal Place of Business

**21011 JOHNSON STREET, STE. 101
 PEMBROKE PINES FL 33029**

Mailing Address

**21011 JOHNSON STREET, STE. 101
 PEMBROKE PINES FL 33029**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0973143

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOENIG, PAUL
 21011 JOHNSON STREET, SUITE 101
 PEMBROKE PINES FL 33029**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
 NAME **REMOS BUILDING AND DEVELOPMENT CORPORATION**
 STREET ADDRESS **20911 JOHNSON STREET, SUITE 103**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** Delete
 NAME **CHAPEL TRAIL ASSOCIATES, LTD.**
 STREET ADDRESS **9000 W. SHERIDAN, SUITE 130**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
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 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: *Paul Koenig*

REQUIRED Koenig, Vice President 1/10/02 (954) 436-9000

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

Date

Daytime Phone #

CR2E083 (9/01)