2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27941

1. Entity Name

FILED Jan 19, 2001 8:00 am Secretary of State

CHADAL	D OF PINELLAS COUNTY, INC	,ز			01-13	9-2001 90012	. 049	31.23		
Principal Plac	ce of Business	Mailing Address								
3696 FISHER RD PALM HARBOR FL 34683 US		C/O ROBERT L TANKEL 1200 MAIN ST GTE F DUNEDIN FL 34698 US								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc. 10 22 Main ST, STE D		a =		DO NOT WRI	TE IN THIS S	PACE		
City & Stat	de -	City & State			4. FEI Number	59-2905025	 j		oplied For]
Zip	Country	Zip	Country		5. Certificate o	of Status Desired		8.75 Add		
	6. Name and Address of Current F	Registered Agent			7. Name and A	Address of New I	Registered A	gent		1
,			Name				·			1
TANKEL, ROBERT LE SQ. 1299 MAIN ST		vain ST Svite	Street A	Street Address (P.O. Box Number is Not Acceptable)						
SUITE F	IN SI	· · · · · · · · · · · · · · · · · · ·	-							l
	I FL 34698		City			•	FL	Zip Cod	le	1
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	r registere	d agent, or both	, in the state of Fi	orida.			1
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SIGNATURE .										
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signatu	ure required w	hen reinstating)		DATE			}
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	FILE NOW: FEE IS \$61.25	S. Election Campaign F Trust Fund Contributi		\$5.00 Added t	May Be to Fees		e Check P		,	}
	FEE IS \$61.25	Trust Fund Contributi	ion, 🔲	Added	to Fees	De	partment	of State		
10.	FEE IS \$61.25 OFFICERS AND DIR	Trust Fund Contributi	11.	Added	to Fees		partment	of State	l 10	(Q
TITLE	FEE IS \$61.25 OFFICERS AND DIR	Trust Fund Contributi	11. TITLE	Added	to Fees	De	partment	of State		10/00)
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TITLE NAME	FEE IS \$61.25 OFFICERS AND DIR ST ADLER, SHALOM	Trust Fund Contributi	11. TITLE NAME	Added	to Fees	De	partment	of State	l 10	E037 (10/00)
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Indereoy ceruly that the information supplied with this filling 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officier or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SCHATURE REMAISSION OF OF OR OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8010-PBF(FSF) 1005 P KAT