

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35748

1. Entity Name

CHAPEL TRAIL CORPORATE PARK ASSOCIATION, INC.

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

03-31-2000 90089 005 ****61.25

Principal Place of Business 9000 SHERIDAN ST SUITE 100 PEMBROKE PINES FL 33024-8801	Mailing Address 9000 SHERIDAN ST SUITE 100 PEMBROKE PINES FL 33024-8802
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DO NOT WRITE IN THIS SPACE

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 65-0170500	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOENIG, PAUL
9000 SHERIDAN ST
PEMBROKE PINES FL 33024**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD <input type="checkbox"/> Delete
NAME	KOENIG, PAUL
STREET ADDRESS	9000 SHERIDAN ST #130
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D <input type="checkbox"/> Delete
NAME	ALCANTARA, INGRID
STREET ADDRESS	9000 SHERIDAN ST #130
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	VSTD <input type="checkbox"/> Delete
NAME	KOENIG, MICHAEL
STREET ADDRESS	9000 SHERIDAN ST #130
CITY-ST-ZIP	PEMBROKE PINES 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"/> 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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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.

SIGNATURE: **SIGNATURE REQUIRED VSTD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

(954) 431-7111

Date

Daytime Phone #

CR2E037 (9/99)