

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 13, 2001 8:00 am
Secretary of State

02-28-2001 90028 050 ***150.00

DOCUMENT # P00000012778

1. Entity Name

CHANTERELLE ON THE MOUNTAIN, INC.

Principal Place of Business

Mailing Address

1320 S DIXIE HWY, SUITE 1100
CORAL GABLES FL 33146

1320 S DIXIE HWY, SUITE 1100
CORAL GABLES FL 33146

2. Principal Place of Business

328 Minorca Avenue

Suite, Apt. #, etc.

3. Mailing Address

328 Minorca Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FLA

City & State

Coral Gables, FLA

4. FEI Number

59-2387664

Applied For

Not Applicable

Zip

33134

Country

U.S.

Zip

33134

Country

U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLACK, GARY W
1320 S DIXIE HWY, SUITE 1100
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name **GARY W. POLLACK**
Street Address (P.O. Box Number is Not Acceptable)
328 Minorca Avenue
City **Coral Gables, FLA** FL Zip Code **33134**

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	POLLACK, GARY W	
STREET ADDRESS	1320 S DIXIE HWY, SUITE 1100	
CITY-ST-ZIP	CORAL GABLES FL 33146	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY W. POLLACK	
STREET ADDRESS	328 Minorca Avenue	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
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		
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 an officer like empowered.

SIGNATURE:

GARY W. POLLACK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01 (305) 446-6773

Date

Daytime Phone #

CR2E034 (10/00)