

5/11

FILED

Jun 19, 2001 8:00 am
Secretary of State

05-16-2001 90224 006 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019823

1. Entity Name
CHASLE ENTERPRISES INC.Principal Place of Business
4900 N OCEAN BLVD #416
FT LAUDERDALE FL 33308Mailing Address
4900 N OCEAN BLVD #416
FT LAUDERDALE FL 33308

7834



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

65-100-1358

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ELSA S
4900 N OCEAN BLVD #416
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name GONZALEZ, ELSA S.

Street Address (P.O. Box Number is Not Acceptable)

19380 COLLINS AV. #1615

City AVENTURA BEACH FL

Zip Code 33160

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	GONZALEZ, ELSA	
STREET ADDRESS	4900 N OCEAN BLVD #416	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	19380 COLLINS AV #1615	<input type="checkbox"/> Delete
NAME	AVENTURA BEACH, FL 33160	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MISSING	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19380 COLLINS AV. #1615	
STREET ADDRESS	AVENTURA BEACH, FL 33160	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (305) 466 09 67

Date

Daytime Phone #

CR2E034 (10/00)