

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90193 045 ***150.00

0330199 AV

DOCUMENT # P01000092321

1. Entity Name
CHEPSTOW MEWS, INC.



Principal Place of Business
**614 NE 11TH AVE.
FT. LAUDERDALE FL 33304-4627**

Mailing Address
**614 NE 11TH AVE.
FT. LAUDERDALE FL 33304-4627**



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 **65-1143054**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, GARY
6051 N OCEAN BLVD. #907
HOLLYWOOD FL 33019**

Name **ALLEN, GARY. A**

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

614 NE 11 AVE

City **FORT LAUDERDALE FL** Zip Code **33304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Gary L. Allen* (PRESIDENT) 1/12/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PO** ☐ Delete
NAME **ALLEN, GARY A**
STREET ADDRESS **6051 N OCEAN DRIVE #907**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **PSD** ☒ Change ☐ Addition
NAME **ALLEN, GARY. A**
STREET ADDRESS **614 NE 11 AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **VPD** ☐ Delete
NAME **ALLEN, R.G.H.**
STREET ADDRESS **ST CHRISTOPHER ST PETER**
CITY-ST-ZIP **JERSEY, GREAT BRITIAN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ALLEN, P.S.**
STREET ADDRESS **ST CHRISTOPHERS ST PETER**
CITY-ST-ZIP **JERSEY, GREAT BRITIAN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ALLEN, T.M.**
STREET ADDRESS **ST CHRISTOPHERS ST PETER**
CITY-ST-ZIP **JERSEY, GREAT BRITIAN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LIEURE, Y.S.**
STREET ADDRESS **MARANHAM ST LAWRENCE**
CITY-ST-ZIP **JERSEY, GREAT BRITIAN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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: *GARY L. ALLEN* **GARY. A. ALLEN** 1/12/03 954 832 0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)