

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90462 047 ***150.00

DOCUMENT # P14314

1. Entity Name
CHATEAU ELIZABETH, INC.

Principal Place of Business Mailing Address
ONE E LIBERTY ST ONE E LIBERTY ST
SUITE 416 SUITE 416
RENO NV 89501 RENO NV 89501

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 **88-0224558** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RAWLS, B. D
4649 PONCE DE LEON BLVD.,
SUITE 403
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name
ROBERT R. BELLAMY
 Street Address (P.O. Box Number is Not Acceptable)
3535 HIAWATHA AVENUE SUITE 101
 City
MIAMI FL Zip Code
33133

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 *Robert R. Bellamy* **Robert R. Bellamy, President** **4/18/02**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **PTDA** ☒ Delete
 NAME **OXLEY, PAUL**
 STREET ADDRESS **1541 BRICKELL AVE. #A401**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VSD** ☒ Delete
 NAME **RAWLS, B. D**
 STREET ADDRESS **4649 PONCE DE LEON BLVD, SUITE 403**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Change ☒ Addition
 NAME **ROBERT R. BELLAMY**
 STREET ADDRESS **3535 HIAWATHA AVENUE SUITE 101**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **VTD** ☐ Change ☒ Addition
 NAME **BRIAN J. McMERTY**
 STREET ADDRESS **3048 RIVER ROAD SE**
 CITY-ST-ZIP **WINNABOW NC 28479**

TITLE **ASSIST SEC** ☐ Change ☒ Addition
 NAME **SUSAN KOZUSNIK**
 STREET ADDRESS **3535 HIAWATHA AVENUE SUITE 101**
 CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Robert R. Bellamy* **Robert R. Bellamy** **4/18/02** **305-856-5561**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)