

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008122

1. Entity Name

BLUE CHIP REALTY, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90478 046 ***150.00

Principal Place of Business

218 ROYAL PALM WAY
2ND FLR
PALM BEACH FL 33480
US

Mailing Address

P O BOX 2771
PALM BEACH FL 33480
US

946555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

324 Royal Palm Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 231

City & State

Palm Beach, FL

City & State

4. FEI Number 65-0370549

Applied For

Not Applicable

Zip 33480

Country USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAISFIELD, MARC

~~218 ROYAL PALM WAY~~ 324 Royal Palm Way, Ste. 231
~~2ND FLR~~
PALM BEACH FL 33480

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPTS
NAME HAISFIELD, MARC
STREET ADDRESS ~~218 ROYAL PALM WAY~~
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS 324 Royal Palm Way, Ste. 231 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE DVP
NAME HAISFIELD, LISA
STREET ADDRESS ~~218 ROYAL PALM WAY~~
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS 324 Royal Palm Way, Ste. 231 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

Marc Haisfield President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01
Date

561-655-2829
Daytime Phone #

CR2E034 (10/00)