

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90286 012 ***150.00

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DOCUMENT # P96000061933

1. Entity Name
CHROAN INC.

Principal Place of Business

~~8521 PINES BLVD~~
~~PEMBROKE PINES FL 33024~~
~~US~~

Mailing Address

~~2323 VAN BUREN STREET~~
~~207~~
~~HOLLYWOOD FL 33020~~
~~US~~

2. Principal Place of Business

1701 SOUTH OCEAN DR

3.

~~ROBERT E CHRISTIE~~
CHRISTENE O CHRISTIE
1701 S OCEAN DR APT 106
HOLLYWOOD FL 33019-2407

Suite, Apt. #, etc.

106

City & State

HOLLYWOOD FL

Zip

33019-2407

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0690491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GARRELLEK, STEVEN

7000 WEST PALMETTO PARK ROAD STE 400

BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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

C. Christie

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 26/02

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **CHRISTIE, CHRISTENE**
 STREET ADDRESS **10115 SW 13TH STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33019**

TITLE **S** ☐ Delete
 NAME **CRISTIE, ANDREA**
 STREET ADDRESS **10115 SW 13TH STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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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:

C. Christie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)