

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077488

1. Entity Name

CHELSEA ENTERPRISES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90090 013 ***158.75

Principal Place of Business

Mailing Address

7011 N PINE ISLAND
TAMARAC FL 33321
US

7011 N PINE ISLAND
TAMARAC FL 33321-2521
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0705598

Applied For

Not Applicable

Zip

Country

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

ORETSKY, RICHARD
1055 NW 121 LANE
CORAL SPRINGS FL 33071

Name

Beverly ORETSKY

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

7011 N. Pine Island Rd

City

TAMARAC

FL

Zip Code

33321

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

Beverly Oretsky President

1-7-00

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, 2000 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 PD ☒ Delete
NAME ORETSKY, RICHARD
STREET ADDRESS 1055 NW 121 LANE
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE VP ☐ Delete
NAME DRETSKY, BEVERLY A
STREET ADDRESS 1055 NW 121 LN
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE PSD ☒ Change ☐ Addition
NAME ORETSKY, BEVERLY A
STREET ADDRESS
CITY-ST-ZIP Please correct spelling

TITLE T ☐ Delete
NAME DRETSKY, JILL A
STREET ADDRESS 1055 NW 121 LN
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE VT ☒ Change ☐ Addition
NAME ORETSKY, JILL A
STREET ADDRESS
CITY-ST-ZIP Please correct spelling

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-00 954-721-2700

CR2E034 (9/99)