

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060255

1. Entity Name

CHAI INVESTMENT CLUB, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90112 034 ***150.00

Principal Place of Business

Mailing Address

C/O BERNARD C. PESTCOE, ESQ.
1946 TYLER ST.
HOLLYWOOD FL 33022

C/O BERNARD C. PESTCOE, ESQ.
1946 TYLER ST.
HOLLYWOOD FL 33020-4517

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

65-0784618

Applied For

Not Applicable

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

PESTCOE, BERNARD C
C/O ATKINSON, DINER, STONE & MANKUTA, P.A.
1946 TYLER ST.
HOLLYWOOD FL 33022

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, 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 ☐ Delete
NAME P
STREET ADDRESS ALPERT, PATRICIA
CITY-ST-ZIP 4590 NW 93 DORAL COURT
MIAMI FL 33178

TITLE ☒ Delete
NAME S
STREET ADDRESS DERNIS, BELLE
CITY-ST-ZIP 8101 SW 139 TERR
MIAMI FL 33158

TITLE ☐ Delete
NAME D
STREET ADDRESS PESTCOE, BERNARD C
CITY-ST-ZIP 2638 OAKMONT
WESTON FL 33332

TITLE ☐ Delete
NAME D
STREET ADDRESS JOSEPH, GARY
CITY-ST-ZIP 2634 OAKMONT
WESTON FL 33332

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS IRIS KAUFFMAN
CITY-ST-ZIP 2530 GOLF VIEW DRIVE
WESTON, FL 33327

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS MARSHALL LITVAK
CITY-ST-ZIP 770 SAN REMO DRIVE
WESTON, FL 33326

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

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

TITLE ☐ Change ☐ Addition
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:

Marshall Litvak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2000

Date

954-384-5431

Daytime Phone #

CR2E034 (9/99)