

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90284 024 ***150.00

DOCUMENT # P97000060255

1. Entity Name

CHAI INVESTMENT CLUB, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

770 San Remo Dr

Suite, Apt. #, etc.

3. Mailing Address

40 Litvak

Suite, Apt. #, etc.

770 San Remo Dr

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

Broward

Zip

33326

Country

Broward

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

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

7. Name and Address of New Registered Agent

Name

Pestcoe, Bernard C

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

40 Bernard C Pestcoe & Associates PA

2700 S. Commerce Parkway-Suite 305

City

Weston

FL

Zip Code

33331

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

Marshall Litvak

Treasurer

2-5-01

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

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

TITLE S
NAME KAUFFMAN, IRIS
STREET ADDRESS 2530 GOLF VIEW DR
CITY-ST-ZIP WESTON FL 33327 ☐ Delete

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

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

TITLE T
NAME LITVAK, MARSHALL
STREET ADDRESS 770 SAN REMO DR
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE:

Marshall Litvak Treasurer

2-5-01

954-3845431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)