

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063333

1. Entity Name

CAROL E. CHLOUPEK & ASSOCIATES, P.A.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90215 004 \*\*\*150.00

Principal Place of Business

Mailing Address

20401 N.W. 2ND AVENUE #220  
MIAMI FL 33169

20401 N.W. 2ND AVENUE #220  
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2269 S. University Drive

374

Davis, Florida

33324

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0870795

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

CHLOUPEK, CAROL E

20401 N.W. 2ND AVENUE #220

MIAMI FL 33169

Name

Carol E. Chloupek

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

2269 S. University Drive, #374

City

Davis

FL

Zip Code

33324

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

Carol E. Chloupek

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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 ☐ Delete  
NAME P  
STREET ADDRESS CHLOUPEK, CAROL E  
CITY-ST-ZIP 20401 N.W. 2ND AVENUE #220  
MIAMI FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2269 S. University Drive, #374  
CITY-ST-ZIP Davis, FL 33324

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  
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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:

Carol E. Chloupek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(954) 224-1628

Daytime Phone #

CREE034 (10/00)