

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063510

1. Entity Name

BOYNTON LE CHALET, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90048 033 ***150.00

Principal Place of Business

7850 N.W. 146TH STREET
SUITE 308
MIAMI LAKES FL 33016

Mailing Address

7850 N.W. 146TH STREET
SUITE 308
MIAMI LAKES FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number 65-0881608

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

DOLCHIN, STEVEN B ESQ.
4330 SHERIDAN ST., STE. 202B
HOLLYWOOD FL 33021

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, 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	SCHWARTZ, RICHARD	7850 N.W. 146TH STREET - SUITE 308	MIAMI LAKES FL 33016	<input type="checkbox"/>
D	MAYNARD, CARL K	7850 N.W. 146TH STREET - SUITE 308	MIAMI LAKES FL 33016	<input type="checkbox"/>
D	SEACH, MARK R	12677 WHITE CORAL DRIVE	WEST PALM BEACH FL 33414	<input type="checkbox"/>
D	DICKERSON, RICHARD	2 TOWNSEND STREET	SAN FRANCISCO CA 94107	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 #

CR2E034 (10/00)