

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P98000076949**

1. Entity Name

**LA CHAPELLE LIMITED CORP.**

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90030 008 \*\*\*150.00

Principal Place of Business

Mailing Address

2855 N.E. 26TH COURT  
 FT LAUDERDALE FL 33306

2855 N.E. 26TH COURT  
 FT LAUDERDALE FL 33306-1906

2. Principal Place of Business

3. Mailing Address

**1621 PARK LAKE ST.**

**1621 PARK LAKE ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**ORLANDO**

**ORLANDO**

City & State

City & State

**FLORIDA**

**FLORIDA**

Zip

Country

Zip

Country

**32803**

**ORANGE**

**32803**

**ORANGE**

4. FEI Number

**65-0865157**

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

**FURKA, JOHN**  
**2855 N.E. 26TH COURT**  
**FT LAUDERDALE FL 33306**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FURKA, DIANA</b>	
STREET ADDRESS	<b>2855 N.E. 26TH COURT</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33306</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>FURKA, JOHN</b>	
STREET ADDRESS	<b>2855 N.E. 26TH COURT</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33306</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(1), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/2000** **407.898.3895**  
 Date Daytime Phone #

CR2E034 (9/99)