

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

Zip

32803

32803

Country

Country

ORANGE

ORANGE



DO NOT WRITE IN THIS SPACE

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 PD
NAME FURKA, DIANA
STREET ADDRESS 2855 N.E. 26TH COURT
CITY-ST-ZIP FT LAUDERDALE FL 33306 ☐ Delete

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

TITLE SD
NAME FURKA, JOHN
STREET ADDRESS 2855 N.E. 26TH COURT
CITY-ST-ZIP FT LAUDERDALE FL 33306 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: ^K

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2000

407.898.3895

Date

Daytime Phone #

CR2E034 (9/99)