

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082822

1. Entity Name

CHATEAU CLEANING SERVICE, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90093 046 ***150.00

Principal Place of Business

Mailing Address

1849 SOUTH OCEAN DRIVE
SUITE 607
HALLANDALE FL 33009

1849 SOUTH OCEAN DRIVE
SUITE 607
HALLANDALE FL 33009-4921

2. Principal Place of Business

1749 E. HALLANDALE BEACH BLVD

3. Mailing Address

1749 E HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

229

Suite, Apt. #, etc.

229

City & State

HALLANDALE, FLORIDA

City & State

HALLANDALE, FLORIDA

Zip

33009

Country

USA

Zip

33009

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0865377

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

AUDET, DANNY
1849 SOUTH OCEAN DRIVE
SUITE 607
HALLANDALE FL 33009

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	D	<input type="checkbox"/> Delete
NAME	AUDET, DANNY	
STREET ADDRESS	1849 SOUTH OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
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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)(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 (9/99)