

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107775

1. Entity Name

LES CHATEAUX INTERNATIONAL REALTY, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90139 010 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2414 NE 25 PL STE #8~~  
~~FT LAUDERDALE FL 33305~~  
~~XXXXXXXXXXXX~~

~~2414 NE 25 PL STE #8~~  
~~FT LAUDERDALE FL 333051626~~  
~~XXXXXXXXXXXX~~

1040 Bayview Drive Suite 532  
Fort Lauderdale, Fl. 33304

Same

2. Principal Place of Business

Mailing Address

1040 Bayview Drive Suite 532

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 532

Suite 532

City & State

City & State

Fort Lauderdale

Fort Lauderdale

Zip

Country

Zip

Country

33304

Broward

33304

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAUSSEN, YVETTE I

104 Royal Park Dr.  
Suite 3B  
Oakland Park, Fl.  
33309

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 Yvette Gausсен

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 ☐ Delete  
NAME D  
STREET ADDRESS GAUSSEN, YVETTE I  
CITY-ST-ZIP 1040 BAYVIEW DRIVE  
FT. LAUDERDALE FL 33304

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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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: Yvette Gausсен

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)