

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90504 043 ***150.00

DOCUMENT # P98000107775

1. Entity Name

LES CHATEAUX INTERNATIONAL REALTY, INC.

Principal Place of Business

**1040 BAYVIEW DRIVE
 SUITE 532
 FORT LAUDERDALE FL 33304**

Mailing Address

**1040 BAYVIEW DRIVE
 SUITE 532
 FORT LAUDERDALE FL 33304**

2. Principal Place of Business

**1881 NE 26 St.
 Suite 212**

3. Mailing Address

**1881 NE 26 St.
 Suite 212**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

Zip

Country

33305

Zip

Country

33305

4. FEI Number

65-0881338

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

**GAUSSEN, YVETTE I
 104 ROYAL PARK DRIVE
 SUITE 3B
 FT. LAUDERDALE FL 33305**

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

TITLE
 NAME
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☐ Change ☐ Addition

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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)