

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90165 016 ***150.00

DOCUMENT # P98000107775

1. Entity Name
LES CHATEAUX INTERNATIONAL REALTY, INC.



Principal Place of Business
~~4801 NE 26TH STREET~~
~~SUITE 212~~
~~FORT LAUDERDALE FL 33305~~

Mailing Address
~~1801 NE 26TH STREET~~
~~SUITE 212~~
~~FORT LAUDERDALE FL 33305~~



2. Principal Place of Business

1122 East Atlantic

3. Mailing Address

1122 E. ATLANTIC AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 2

Suite # 2

Delray Beach

Delray Beach

Zip

Zip

33483

33483

FL

Country

FL

☐ CHECK HERE IF MAKING CHANGES

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

Name

~~1801 NE 26TH STREET~~

~~SUITE 212~~

~~FT. LAUDERDALE FL 33305~~

1. Colonial Club Dr
BOYNTON BEACH
FLORIDA
33435

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GAUSSEN, YVETTE I	
STREET ADDRESS	1801 NE 26TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #