

2000 UNIFORM BUSINESS REPORT (UBR)

8/3/00-90036-013-\$550.00-\$550.00

DOCUMENT # P99000011839

1. Entity Name

LINDENWOLD/CHEWS LANDING CORPORATION ✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 PM 3:09

AU07-1179

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE #908
MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE #908
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0905332

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

EIDELSTEIN, GARY P
2665 SOUTH BAYSHORE DRIVE #908
MIAMI FL 33133

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

President ☐ Delete
Gary P. Eidelstein
2 Grove Isle Drive #1602
Miami, Florida 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

Secretary ☐ Delete
Mark Rubin Esquire
777 Arthur Godfrey Road 4th Fl
Miami Beach, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 life covered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-00

Date

305-532-4350

Daytime Phone #

CR2E034 (5/00)