2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90029 011 ***150.00

DOCUMENT # P99000020314

1. Entity Name
LA CHIAM VENTURES, INC.

Principal Place of Business
7112 NW 106 AVE
TAMARAC FL 33321

Mailing Address
2171 DEER HOLLOW CIRCLE
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2171 Deer Hollow Cir
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State: Longwood Fla
Zip: 32779 Country: USA

City & State
Zip Country

4. FEI Number 65-0914878 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHINDLER, HELEN
2171 DEER HOLLOW CIRCLE
LONGWOOD FL 32779

7. Name and Address of New Registered Agent
Name: DAVID ~~Lawrence~~ Schindler
Street Address (P.O. Box Number is Not Acceptable): 2171 Deer Hollow Circle
City: Longwood FL Zip Code: 32779

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: D Schindler 4/1/01
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

TITLE	D	☐ Delete
NAME	SCHINDLER, DAVID	
STREET ADDRESS	2171 DEER HOLLOW CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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: David Schindler 01-06-01 407-444-5678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #