

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045609

1. Entity Name

CHALAT CORPORATION

FILED

Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90080 041 \*\*\*150.00

Principal Place of Business

222 36TH ST.  
MIAMI BEACH FL 33140

Mailing Address

222 36TH ST.  
MIAMI BEACH FL 33140-4085

2. Principal Place of Business

222 - 36TH ST.

3. Mailing Address

222 36TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, Florida

City & State

MIAMI BEACH, Florida

4. FEI Number

65-0932526-191512

Applied For

Not Applicable

Zip

33140

Country

Zip

33140

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STOLZENBERG, KEITH ESQ.  
2950 S.W. 27TH AVE., STE. 210  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name STOLZENBERG KEITH ESQ.

Street Address (P.O. Box Number is Not Acceptable)

2950 SW. 27TH AVE. STE 210

City MIAMI

FL

Zip Code 33133

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, 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

TITLE S  
NAME CHALAT, CASEY  
STREET ADDRESS 222 36TH ST.  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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  
CITY-ST-ZIP

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

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NAME  
STREET ADDRESS  
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:

*Garimierz Olciet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.03.2000

Date

385-532612

Daytime Phone #

CR2E034 (9/99)