

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P99000105441

1. Entity Name

CHAIRS PLACE, INC.

Principal Place of Business

Mailing Address

1300 STIRLING RD.  
DAVIA, FL 33004

SAME

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

11-3535367

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

Name

IZZY ASHKENAZY

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

3225 COLLINS AVENUE

City

MIAMI

FL

Zip Code  
33140

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

President

7/11/00

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

(NOTE: Registered Agent signature required when reappointing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS		NAME	IZZY ASHKENAZY		
ST- ZIP		STREET ADDRESS	580 BLOOM AVENUE		
		CITY- ST- ZIP	LAURELTON, NY 11559		
	<input type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
		NAME	FRANK CAPPALELLI		
		STREET ADDRESS	2932 NW 24TH WAY		
		CITY- ST- ZIP	BOCA RATON, FL 33431		
	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME			
		STREET ADDRESS			
		CITY- ST- ZIP			
	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME			
		STREET ADDRESS			
		CITY- ST- ZIP			
	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME			
		STREET ADDRESS			
		CITY- ST- ZIP			
	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME			
		STREET ADDRESS			
		CITY- ST- ZIP			

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

President

7/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)