

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # S10682

1. Entity Name
CHULA, INC.

FILED

00 JUL 17 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9615 NW 76 ST
TAMARAC FL 33321

Mailing Address
9615 NW 76 ST
TAMARAC FL 33321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0224207

Applied For
Not Applicable

Zip

Country

Zip

Country

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

RAWDIN, BRUCE L
9615 NW 76 ST
TAMARAC FL 33321

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RAWDIN, BRUCE L
STREET ADDRESS 9615 NW 76 ST
CITY-ST-ZIP TAMARAC FL 33321

TITLE
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SP/m

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: Bruce L Rawdin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00
Date

954-720-0255
Daytime Phone #

CR2E034 (5/00)

TO WHOM IT MAY CONCERN,

7/10/60
page 2 & 2

PLEASE ACCEPT MY SINCERE-APLOGIES
FOR THIS LATE-PAYMENT. I WAS UNDER THE
IMPRESSION THAT MY BOOK KEEPER HAD TAKEN
CARE OF THIS FILING EARLIER THIS YEAR IN
A TIMELY MANNER. I HAVE FIRED HER TODAY

BECAUSE OF THIS SITUATION.

I HAVE A NINE-MONTH OLD BABY
THAT HAS HAD 4 SURGERIES THIS YEAR
AND NEEDS 3 MORE SURGERIES STILL.
QUITE CONSIDERABLY, MY ATTENTION HAS BEEN
FOCUSED ON MY FAMILY, NOT MY BUSINESS.
WE COULD REALLY USE THE \$100 FOR
THE BABY INSTEAD OF THE BUSINESS.
PLEASE FORGIVE THE LATE FEE. IT WON'T
HAPPEN AGAIN.

Sincerely

Bruce L. Rawel
Bruce L. Rawel
President
CHULA, Inc.