

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

573728

1. Entity Name

CHILL INC

Principal Place of Business

Mailing Address

29303 RAMBLING RD
Southfield, MI 48076

2. Principal Place of Business

111 HENRIETTA ST

3. Mailing Address

111 HENRIETTA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BIRMINGHAM, MICHIGAN

City & State

BIRMINGHAM, MICHIGAN

FBI Number

58-1958301

Applied For

Not Applicable

Zip

48009

Country

USA

Zip

48009

Country

USA

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

MICHAEL SHINDER
20500 W. Country Club Drive
Apt 412
Aventura, Florida 33180

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
MICHAEL SHINDER
111 HENRIETTA ST
BIRMINGHAM, MI 48009

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Michael Shinder

MICHAEL SHINDER

4/8/2000

(218) 258-6690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90072 030 ***150.00

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DO NOT WRITE IN THIS SPACE