

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V30136

1. Entity Name

TREASURE CHEST INDUSTRIES, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90057 030 ***158.75

Principal Place of Business

Mailing Address

3013 YAMATO RD
SUITE B6
BOCA RATON FL 33434
US

3013 YAMATO ROAD
STE B-6
BOCA RATON FL 33434-5334
US

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 65-0336976

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

838192



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENWALD, STEVEN
6971 N FEDERAL HIGHWAY
SUITE 105
BOCA RATON FL 33487

Name LEONIDES L. HANDRAS
Street Address (P.O. Box Number is Not Acceptable) 3013 YAMATO RD - B6
City Boca Raton FL Zip 33434

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	P	<input type="checkbox"/> Delete
NAME	HANDRAS, LEONIDES L	
STREET ADDRESS	17604 SCARSDALE WAY --	
CITY-ST-ZIP	BOCA RATON FL --	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANDRAS, LEONIDES L	
STREET ADDRESS	17604 SCARSDALE WAY --	
CITY-ST-ZIP	BOCA RATON FL 33496 --	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDRAS, LEONIDES	
STREET ADDRESS	3013 YAMATO RD - B6	
CITY-ST-ZIP	BOCA RATON, FLA 33434	
TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDRAS, LEONIDES	
STREET ADDRESS	3013 YAMATO RD - B6	
CITY-ST-ZIP	BOCA RATON, FLA 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEONIDES L. HANDRAS 4-14-00 561-995-9995

CR2E034 (9/99)