

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006086

1. Entity Name

CHRISTIAN BERNARD GALLERY, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90023 014 ***150.00

Principal Place of Business

5700 COLLINS AVENUE
 SUITE 11-G
 MIAMI BEACH FL 33140
 US

Mailing Address

5700 COLLINS AVENUE
 SUITE 11-G
 MIAMI BEACH FL 33140-2312
 US

2. Principal Place of Business

680 NE - 64th street
 Suite, Apt. #, etc.
 Banyan Bay APh3

3. Mailing Address

680 NE - 64th Street
 Suite, Apt. #, etc.
 Banyan Bay APh3

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-3505345

Applied For

Not Applicable

Zip

33138

Country

USA

Zip

33138

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERNARD, CHRISTIAN
 5700 COLLINS AVENUE
 APT 11-G
 MIAMI BEACH FL 33190

7. Name and Address of New Registered Agent

Name BERNARD, Christian
 Street Address (P.O. Box Number is Not Acceptable)
 680 NE 64th Street -
 Banyan Bay APh3
 City MIAMI FL Zip Code 33138

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

Christian Bernard

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04.28.2000

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	D	<input type="checkbox"/> Delete
NAME	BERNARD, CHRISTIAN	
STREET ADDRESS	283 AVENUE NOTRE DAME DE SANTE	
CITY-ST-ZIP	84200 CARPENTRAS FRANCE	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Christian Bernard PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.28.2000

Date

305 758 5861

Daytime Phone #

CR2E034 (9/99)