

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H48322

1. Entity Name

CP HORIZONS CORPORATION

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90027 007 ***550.00

Principal Place of Business

5300 W. ATLANTIC AVENUE
SUITE 400
DELRAY BEACH FL 33484
US

Mailing Address

5300 W. ATLANTIC AVENUE
SUITE 400
DELRAY BEACH FL 33484-8141
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

59-2523330

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

CHAMBER, C P
5300 W. ATLANTIC AVE.
SUITE 400
DELRAY BCH., FL 33484

Name
JERALD C. CANTOR, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
3230 Stirling Road

Suite #1

City
Hollywood

FL

Zip Code
33021

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	P CHAMBERS, C P DR 5300 W ATLANTIC AVE SUITE 400 DELRAY BEACH FL	XX Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHAMBERS, SUSAN 5300 W ATLANTIC AVE STE 400 DELRAY BEACH FL 33484	XX Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, C P DR 5300 W ATLANTIC AVE SUITE 400 DELRAY BEACH FL	XX Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAMBERS, C P DR 5300 W ATLANTIC AVE SUITE 400 DELRAY BEACH FL	XX Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMBERS, PETER C. DR. 5300 W. Atlantic Avenue, Suite 400 Delray Beach, FL 33483	XX Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHAMBERS, PAUL 5300 W. Atlantic Avenue, Suite 400 Delray Beach, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)