

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H88540

1. Entity Name

CONTINENTAL RESOURCES INTERNATIONAL CORPORATION

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90032 019 \*\*\*150.00

Principal Place of Business

Mailing Address

% L. FRANK CHOPIN  
440 ROYAL PALM WAY, STE 200  
PALM BEACH FL 33480  
US

% L. FRANK CHOPIN  
4400 ROYAL PALM WAY, STE 200  
PALM BEACH FL 33480  
US

2. Principal Place of Business

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach, FL

Zip

33401

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-2663683

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

CHOPIN, L. FRANK  
440 ROYAL PALM WAY, STE 200  
PALM BEACH FL 33480

Name

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

505 S. Flagler Drive

Suite 300

City

West Palm Beach, FL

FL

Zip Code

33401

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

TITLE PSD  
NAME SHELBY, JEROME  
STREET ADDRESS 100 MAIDEN LN.  
CITY-ST-ZIP NEW YORK NY

☐ Delete

TITLE V  
NAME POLIVY, IRWIN  
STREET ADDRESS 641 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

*Irwin Polivy VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)