

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
 05-12-2000 90032 029 ***150.00

DOCUMENT # L62572

1. Entity Name
CELESTE ENTERPRISES, INC.

Principal Place of Business Mailing Address
5033 OKEECHOBEE BLVD **P.O BOX 31523**
SUITE 203 **~~SUITE 203~~**
WEST PALM BEACH FL 33417 **PALM BEACH GARDENS FL 33420-1523**
US

2. Principal Place of Business 3. Mailing Address
1194 Old Dixie Highway
 Suite, Apt. #, etc. Suite, Apt. #, etc.
202
 City & State City & State
Lake Park, FL
 Zip Country Zip Country
33403 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0189888** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PARMELEE, CELESTE K.
5033 OKEECHOBEE BLVD
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1194 Old ~~Okeechobee~~ Dixie Hwy, #202
 City State Zip Code
Lake Park FL 33403

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 *Celeste K. Parmelee* **CELESTE K. PARMELEE** **4/28/2000**
 (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARMELEE, CELESTE K		NAME		
STREET ADDRESS	5033 OKEECHOBEE BLVD		STREET ADDRESS	1194 Old Dixie Hwy, #202	
CITY-ST-ZIP	W PALM BEACH FL 33417		CITY-ST-ZIP	Lake Park, FL 33403	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARMELEE, CELESTE K		NAME		
STREET ADDRESS	5033 OKEECHOBEE BLVD		STREET ADDRESS	1194 Old Dixie Hwy #202	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Celeste K. Parmelee* **4/28/2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)