

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0002040 AF

DOCUMENT # L98000003496

1. Entity Name  
CHRISTIANS OF PALM BEACH, LLC

00 APR 24 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1591 E. ATLANTIC BLVD., SUITE 200  
POMPAÑO BEACH FL 33060

Mailing Address  
1591 E. ATLANTIC BLVD., SUITE 200  
POMPAÑO BEACH FL 33060-6748



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0900027

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTERNATION COMPANY SERVICES (USA) INC  
1591 E ATLANTIC BLVD., SUITE 200  
POMPAÑO BEACH FL 33060

Name  
Carlton Management, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
1591 East Atlantic Blvd.  
Suite 200  
City  
Pompano Beach FL Zip Code  
33060

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

(NOTE: Registered Agent signature required when reinstating)

4/15/00  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

700003258397--6  
-05/18/00--01134--003  
\*\*\*\*\*550.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PRENDERGAST, VINCE  
421 CHURCHHILL AVE.N. UNITE #5  
OTTAWA ONTARIO CANADA K1Z5C7 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WINDER, PAUL  
P.O. BOX 107, OCEANIC HOUSE, GRAND TURKS  
TURKS & CAICOS ISL BWI ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/15/00

Date

954-943-1498

Daytime Phone #

CR2E083 (9/99)