

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M15767

1. Entity Name

CHAMPAGNE YEARS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90128 001 ***158.75

704000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O BEATRIZ L. LABBEE
5857 SW 73RD ST
SOUTH MIAMI FL 33143

C/O BEATRIZ L. LABBEE
5857 SW 73RD ST
SOUTH MIAMI FL 33143-5243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2538757

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LABBEE, BEATRIZ L.
6901 EDGEWATER DR
CORAL GABLES FL 33133

7. Name and Address of New Registered Agent

Name

SAME

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

6130 SW 90th

City

MIAMI

FL

Zip Code

33173

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 VTD
NAME BEATRIZ, LABBEE
STREET ADDRESS 6901 EDGEWATER DR, #323
CITY-ST-ZIP CORAL GABLES FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE BEATRIZ L. LABBEE
NAME
STREET ADDRESS 6130 SW 90th COURT
CITY-ST-ZIP MIAMI FLA 33173

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

CR2E034 (9/99)