

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000302

1. Entity Name

CENTRAL PALM BEACH CHAMBER OF COMMERCE INC.

09-18-2000 90147 033 *****61.25

FILED N00000000302

SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 26 PM 4:59



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1400 CENTREPARK BLVD STE 810 1021 CHERRY LANE
WEST PALM BEACH FL 33401 WELLINGTON FL 33414

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 Applied For
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROGERS, KATERINA
1021 CHERRY LANE
WELLINGTON FL 33414

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Katerina Rogers President 09-011-00
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reconstituting) DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Vice President Nestor Cassel 1021 Cherry Lane Wellington FL 33414
President/Director Katerina Rogers 1021 Cherry Lane Wellington FL 33414
Director Nestor Cassel 1021 Cherry Lane Wellington FL 33414
Director Chris Herrera 701 West Palm Beach Ave West Palm Beach FL 33407

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katerina Rogers, Director 09-011-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)

9/19