

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000302

1. Entity Name

CENTRAL PALM BEACH CHAMBER OF COMMERCE INC. *R*

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 1400 CENTREPARK BLVD STE 810 WEST PALM BEACH FL 33401	Mailing Address 1021 CHERRY LANE WELLINGTON FL 33414
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <i>Applied for</i>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
--	--	-------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$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* Katerina Rogers President 09-011-00
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-appointing.) DATE

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
--	---	-----------------------------	---

10. OFFICERS AND DIRECTORS

TITLE: Vice President NAME: Nestor Cassel STREET ADDRESS: 1021 Cherry Lane CITY-ST-ZIP: Wellington FL 33414 <input type="checkbox"/> Delete
TITLE: President/Director NAME: Katerina Rogers STREET ADDRESS: 1021 Cherry Lane CITY-ST-ZIP: Wellington FL 33414 <input type="checkbox"/> Delete
TITLE: Director NAME: Nestor Cassel STREET ADDRESS: 1021 Cherry Lane CITY-ST-ZIP: Wellington FL 33414 <input type="checkbox"/> Delete
TITLE: Director NAME: Chris Herrera STREET ADDRESS: 701 Northpoint Parkway CITY-ST-ZIP: West Palm Beach FL 33407 <input type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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* 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