

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050289

1. Entity Name

CCELLE OF PALM BEACH, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90283 039 ***158.75

Principal Place of Business

Mailing Address

424 BROOME STREET
NEW YORK NY 10012

424 BROOME STREET
NEW YORK NY 10012

2. Principal Place of Business

247 WORTH AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

PALM BEACH FL

City & State

Zip

Country

33480

Country

USA

4. FEI Number

65-1033526

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CELLE, CHRISTINE
424 BROOME STREET
NEW YORK NY 10012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CELLE, CHRISTIANE
240 CENTRE STREET #3G
NEW YORK, NY 10013 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
VERGLAS FREDERIC A
240 CENTRE STREET #3G
NEW YORK, NY 10013 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/22/2001

212 625 0619

CR2E034 (10/00)