

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000073705**

1. Entity Name

CHAMPAGNE SABER SOCIETY LIMITED, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 13 PM 3:25

C0060253

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O MICHAEL HACKNER
3348 NW 53RD CIRCLE
BOCA RATON FL 33496C/O MICHAEL HACKNER
3348 NW 53RD CIRCLE
BOCA RATON FL 33496

2. Principal Place of Business

6230 N.W. 23rd STREET

3. Mailing Address

951 SW 4TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON FLORIDA

4. FEI Number

65-1035636

Applied For

Not Applicable

Zip

33434

Country

USA

Zip

33433-5803

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLAKESBERG, JON D
951 SW 4TH AVE
BOCA RATON FL 33433-5803**

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

DELETE → SEE ATTACHED STATEMENT

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**PRESIDENT
EVA GIBERT
6230 NW 23rd STREET
BOCA RATON, FL 33434
VICE PRESIDENT
MICHAEL HACKNER
3348 N.W. 53rd CIRCLE
BOCA RATON, FL 33496****4/23/01**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVA GIBERT**Eve GIBERT**

Date

Daytime Phone #

4.23.2001 (561) 470-05-47

CR2E034 (10/00)