

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

03/5733 AV

DOCUMENT # P00000073705

1. Entity Name
CHAMPAGNE SABER SOCIETY LIMITED, INC.

02-10-2002 90026 008 ***150.00

Principal Place of Business
6230 N.W. 23RD STREET
BOCA RATON FL 33434

Mailing Address
951 SW 4TH AVE
BOCA RATON FL 33433-5803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6230 NW 23rd Street
 Suite, Apt. #, etc.

3. Mailing Address
6230 NW 23rd Street
 Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number **65-1035636**

Applied For
 Not Applicable

Zip
33434

Country
USA

Zip
33434

Country
USA

5. 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 **GIBERT Eva**
 Street Address (P.O. Box Number is Not Acceptable)
6230 NW 23rd Street
 City **BOCA RATON FL** Zip Code **33434**

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]

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P GIBERT, EVA 6230 N.W. 23RD STREET BOCA RATON FL 33434	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRECTOR GIBERT Christophe 6230 NW 23rd Street BOCA RATON FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD DIRECTOR GIBERT Pascal 6230 NW 23rd Street BOCA RATON FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBERT Alfred 6230 NW 23rd Street BOCA RATON FL 33434	<input type="checkbox"/> Change <input checked="" 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

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 January 2002
 Date

(561) 470-0541
 Daytime Phone #

CR2E034 (9/01)