

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90730 017 \*\*\*550.00

**DOCUMENT # P01000026738**

1. Entity Name  
**CHRISTOPHER EAMES CARPENTER, INC.**

Principal Place of Business  
**555 N.E. 15TH STREET APT 25B**  
**MIAMI FL 33132**

Mailing Address  
**555 N.E. 15TH STREET APT 25B**  
**MIAMI FL 33132**

2. Principal Place of Business  
**7824 Collins Ave**  
 Suite, Apt. #, etc.  
**#6B**

3. Mailing Address  
**same**  
 Suite, Apt. #, etc.

City & State  
**Miami Bch, FL**

City & State

4. FEI Number  
**15-1089076**

Applied For  
 Not Applicable

Zip  
**33141**

Country  
**DADE**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

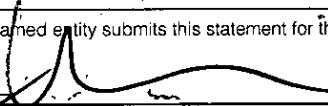
## 6. Name and Address of Current Registered Agent

**CARPENTER, CHRISTOPHER E**  
**555 N.E. 15TH STREET APT 25B**  
**MIAMI FL 33132**

## 7. Name and Address of New Registered Agent

Name **CHRISTOPHER E. CARPENTER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7824 Collins Ave**  
**#6B**  
 City **Miami Bch** **FL** Zip Code **33141**

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 **5/9/02**

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	<b>President</b> <b>Christopher E. Carpenter</b> <b>7824 Collins Ave, #6B</b> <b>Miami Bch, FL 33141</b>	<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	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **CHRISTOPHER E. CARPENTER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)