

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90105 024 ***150.00

DOCUMENT # P02000051584

1. Entity Name
CHRISTIANE CORP.



Principal Place of Business
STE 1B BARRISTERS BLD 1615 FORUM PL
W PALM BCH FL 33401

Mailing Address
STE 1B BARRISTERS BLD 1615 FORUM PL
W PALM BCH FL 33401



2. Principal Place of Business
209 Royal Poinciana Way
Suite, Apt. #, etc.

3. Mailing Address
209 Royal Poinciana Way
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach, FL 33480

City & State
Palm Beach, FL 33480

4. FEI Number
75-3065876

Applied For
Not Applicable

Zip
33480

Country
USA

Zip
33480

Country
USA

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

6. Name and Address of Current Registered Agent

LEVY, ROBERT S
STE 1B BARRISTERS BLD 1615 FORUM PL
W PALM BCH FL 33401

7. Name and Address of New Registered Agent

Name Christiane Argintar
Street Address (P.O. Box Number is Not Acceptable)
209 Royal Poinciana Way
City Palm Beach **FL** **Zip Code** 33480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Christiane Argintar*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Delete
NAME LEVY, ROBERT S	
STREET ADDRESS STE 1B BARRISTERS BLD 1615 FORUM PL	
CITY-ST-ZIP W PALM BCH FL 33401	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Christiane Argintar	
STREET ADDRESS 209 Royal Poinciana Way	
CITY-ST-ZIP Palm Beach, Florida 33480	
TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Henry T. Davis	
STREET ADDRESS 209 Royal Poinciana Way	
CITY-ST-ZIP Palm Beach, Florida 33480	
TITLE S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Laurence C. Davis-Stewart	
STREET ADDRESS 209 Royal Poinciana Way	
CITY-ST-ZIP Palm Beach, Florida 33480	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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: *Christiane Argintar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03
DATE

561/ 833-2241
Daytime Phone #

CR2E034 (10/02)