

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90174 019 ***150.00

0009124 AT

DOCUMENT # P02000128476

1. Entity Name
CHOSEN PATH, INC.



Principal Place of Business
**1081 NW 13TH STREET NO. 4
BOCA RATON FL 33486**

Mailing Address
**1081 NW 13TH STREET NO. 4
BOCA RATON FL 33486**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3730119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KLEIN, STUART B ESQ
1551 FORUM PLACE SUITE 400B
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **CYNTHIA E. RUBENSTEIN**
Street Address (P.O. Box Number is Not Acceptable)
1081 NW 13 STREET #4
City **BOCA RATON** FL Zip Code **33486**

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 *Cynthia Rubenstein* **Cynthia Rubenstein**

3/13/03

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

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RUBENSTEIN, CYNTHIA E**
STREET ADDRESS **1081 NW 13TH STREET NO. 4**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D** ☐ Delete
NAME **HAGGSTROM, TIMOTHY C**
STREET ADDRESS **1081 NW 13TH STREET NO. 4**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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: *Cynthia Rubenstein* **Cynthia Rubenstein**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/03

CR2E034 (10/02)