

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045722

1. Entity Name

CHERYL GALLERIES, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

02-02-2000 90030 030 ***150.00

Principal Place of Business

PGA GALLERIES
 2602 PGA BLVD.
 PALM BEACH GARDENS FL 33410
 US

Mailing Address

2602 PGA BLVD.
 WEST PALM BEACH FL 33401
 US

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

65-0586220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOEPPPEL, JOEL P
 222 LAKEVIEW AVENUE
 SUITE 260
 WEST PALM BEACH FL 33401

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME P
 STREET ADDRESS DANIELS, CHERYL
 CITY-ST-ZIP 2602 PGA BOULEVARD
 PALM BEACH GARDENS FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-02-2000 90030 030 ***150.00

56124-3220
 7/28/00 770-236

Florida Dept. of State
Division of Corporations,

7/28/00
Doc # P95000045722

19163

I have been instructed by a representative there to request that you waive all late fees and/or fines, as we filed this report with a check (#4411) for \$150⁰⁰ + this check was cashed & cleared the bank on Feb. 9, 2000. He told me to sign this report & write this letter to you.

Thank you,

Cheryl K. Daniels

Cheryl Galleries, Inc.

FEL # 65-0586220