

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045722

1. Entity Name

CHERYL GALLERIES, INC.

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90010 046 \*\*\*150.00

Principal Place of Business Mailing Address  
PGA GALLERIES 2602 PGA BLVD.  
2602 PGA BLVD. WEST PALM BEACH FL 33401  
PALM BEACH GARDENS FL 33410 US  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address 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  
KOEPEL, JOEL P  
222 LAKEVIEW AVENUE  
SUITE 260  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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 P  
NAME DANIELS, CHERYL  
STREET ADDRESS 2602 PGA BOULEVARD  
CITY-ST-ZIP PALM BEACH GARDENS FL  
Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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CITY-ST-ZIP  
Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE Change Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE Change Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE Change Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE Change Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01 (561) 624-3220  
Date Daytime Phone #

CR2E034 (10/00)

0268885