2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State P95000045722 DOCUMENT # 1. Entity Name 02-14-2002 90041 037 ***150 00 CHERYL GALLERIES, INC. Principal Place of Business Mailing Address PGA GALLERIES 2602 PGA BLVD. WEST PALM BEACH FL 33401 2602 PGA BLVD. PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0586220 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7, Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOEPPEL, JOEL P Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVENUE SUITE 260 WEST PALM BEACH FL 3340 City Zip Code 8. The above named entity s e of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE. CATE FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. \Box П (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) ☐ Change ☐ Addition ☐ Delete TITLE TITLE DANIELS, CHERYL NAME NAME 2602 PGA BOULEVARD STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dalate TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP tuenty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not indicated on this report or supplemental report is true and accurate of the corporation or the receiver or instead appropriate to execute the corporation. changed, or on an attachment SIGNATURE: Daytime Phone

FILED

Mar 28, 2002 8:00 am