

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087008

1. Entity Name
SELECT GALLERY OF FLORIDA, INC.

Principal Place of Business

4411 BEACON CIRCLE
SUITE 1A
WEST PALM BEACH FL 33407

Mailing Address

4411 BEACON CIRCLE
SUITE 1A
WEST PALM BEACH FL 33407

2. Principal Place of Business

205 WORTH AVENUE
Suite, Apt. #, etc.
307 C

3. Mailing Address

C/O PHILIPPE BRIAN
Suite, Apt. #, etc.
205 WORTH AVE - Suite 307C

City & State
PALM BEACH FL

City & State
PALM BEACH FL

Zip
33480

Country
PALM BEACH

Zip
33480

Country
PALM BEACH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIAN, PHILLIS J
4411 BEACON CIRCLE
SUITE 1A
WEST PALM BEACH FL 33407

Name
PHILIPPE J. BRIAN

Street Address (P.O. Box Number is Not Acceptable)
205 WORTH AVENUE

SUITE 307C

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.

SIGNATURE
Phillips J. Brian

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

(NOTE: Registered Agent signature required when reinstating)

04-19-01

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
STUBER, JAMES A
301 CLEMATIS STREET
WEST PALM BEACH FL 33401 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GANIVET, JEAN-LUC
12 IMPASSE DE L' ESCAL
13008 MARSEILLE, FRANCE ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSTV
GANIVET, FRANCE M.
12 IMPASSE DE L' ESCAL
13008 MARSEILLE, FRANCE ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
BRIAN, PHILLIS J
4411 BEACON CIRCLE
WEST PALM BEACH FL 33407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
PHILIPPE J. BRIAN
205 WORTH AVENUE SUITE 307C
PALM BEACH FL 33480 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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:

James A. Stuber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01
Date

(561) 820-9438
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)