

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90017 017 \*\*\*150.00

**DOCUMENT # P99000006088**

1. Entity Name

**CHRISTINE HALL, CHARTERED**

Principal Place of Business

Mailing Address

P.O. BOX 14183  
 FT. LAUDERDALE FL 33302-4183

P.O. BOX 14183  
 FT. LAUDERDALE FL 33302-4183

2. Principal Place of Business

Box 7257

3. Mailing Address

Box 7257

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0894865

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GILBERTSON, STEPHEN W C.P.A.**  
**2200 N.E. 26TH STREET**  
**WILTON MANORS FL 33305**

7. Name and Address of New Registered Agent

Name **CHRISTINE HALL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2101 N. Andrews Ave., Suite 200**  
**Ft. Lauderdale**  
 City **FL** Zip Code **33311**

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

*Christine Hall*

2-11-00

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 \$150.00**  
**After MAY 1, 2000 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

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TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, CHRISTINE	NAME	
STREET ADDRESS	P.O. BOX 14183	STREET ADDRESS	Box 7257
CITY-ST-ZIP	FT. LAUDERDALE FL 33302-4183	CITY-ST-ZIP	Ft. Lauderdale, FL 33338-7257
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, CHRISTINE	NAME	
STREET ADDRESS	P.O. BOX 14183	STREET ADDRESS	Box 7257
CITY-ST-ZIP	FT. LAUDERDALE FL 33302-4183	CITY-ST-ZIP	Ft. Lauderdale, FL 33338-7257
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*Christine Hall* Pres.

2-11-00 (954) 564-1889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #