

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

DOCUMENT # P99000025934

1. Entity Name

AMBER BREEZE OF FLORIDA, INC.

R

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-17-2000 90004 013 ***550.00

Principal Place of Business

300 SOUTH OCEAN BLVD., SUITE 28
PALM BEACH FL 33480

Mailing Address

300 SOUTH OCEAN BLVD., SUITE 28
PALM BEACH FL 33480

2. Principal Place of Business

230 Royal Palm Way
Suite, Apt. #, etc.
Suite 204

3. Mailing Address

230 Royal Palm Way
Suite, Apt. #, etc.
Suite 204

City & State

PALM BEACH, FL
Zip 33480 Country

City & State

PALM BEACH FL
Zip 33480 Country

4. FEI Number

65-0994413

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, LESLIE ROBERT
375 SOUTH COUNTY ROAD, SUITE 218
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name: ~~Leslie Robert Evans, Esq.~~

Street Address (P.O. Box Number is Not Acceptable)
214 Brevard Ave. Suite 200

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

Leslie R. Evans Leslie R. Evans
(NOTE: Registered Agent signature required when reinstating)

7/10/00
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

TITLE PSD
NAME BALZEKAS, STANLEY
STREET ADDRESS 6500 SOUTH PULASKI ROAD
CITY-ST-ZIP CHICAGO IL 60629 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME BALZEKAS, STANLEY ☒ Change ☐ Addition
STREET ADDRESS 230 Royal Palm Way, Suite 204
CITY-ST-ZIP Palm Beach, Florida 33480

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

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

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

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

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:

Stanley Balzekas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.6.00
Date

561.832.2232
Daytime Phone #